

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION

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GREGORY SCOTT AND MICHELLE
SCOTT, INDIVIDUALLY AND ON
BEHALF OF THE MINOR, JORDAN
SCOTT, AS THE PARENTS AND
TUTORS OF JORDAN SCOTT

ORIGINAL

VS.

NO. 3:16-CV-00376

NORTHERN LOUISIANA MEDICAL
CENTER, RUSTON, LOUISIANA,
HOSPITAL COMPANY, LLC, AND
BRADY DuBOIS

* * * * *

DEPOSITION OF
EDWARD CALVERT, M.D.

October 17, 2016

* * * * *

At:

North Louisiana Medical Center
401 E. Vaughn Avenue
Ruston, Louisiana 71270

REPORTED BY:

LINDA PEROT
CERTIFIED COURT REPORTER
CERTIFICATE NO. 23012
STATE OF LOUISIANA

Linda Perot, CCR

1 APPEARANCES:

2 FOR PLAINTIFFS:

3 BREITHAUPT, DUNN, DuBOS, SHAFTO & WOLLESON
4 1811 Tower Drive, Suite D
5 Monroe, Louisiana 71201
6 Phone: (318) 322-1202

7 appearing herein by and through
8 Mr. Russell A. Woodard, Jr.
9 rwoodard@bddswlaw.com

10 AND VIA TELEPHONE CONFERENCE CALL

11 OSCAR L. SHOENFELT
12 ATTORNEY AT LAW
13 2109 Perkins Road
14 Baton Rouge, Louisiana 70808
15 Phone: (225) 336-4300
16 E-Mail: info@shoenfeltlaw.com

17 FOR DEFENDANT NORTHERN LOUISIANA MEDICAL CENTER:

18 BLUE WILLIAMS
19 3421 North Causeway Boulevard
20 Suite 900
21 Metairie, Louisiana 70002
22 Phone: (504) 831-4091

23 appearing herein by and through
24 Mr. Kurt S. Blankenship
25 E-Mail: kblankenship@bluewilliams.com

FOR DEFENDANT JACOB M. WOOD, M.D.:

HUDSON, POTTS & BERNSTEIN
1800 Hudson Lane, Suite 300
Monroe, Louisiana 71201
Phone: (318) 388-4400

appearing herein by and through
Mr. Donald H. Zeigler, III on behalf of
Mr. Gordon L. James
E-Mail: tzeigler@hplaw.com

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1 APPEARANCES (CONTINUED):

2 FOR DEFENDANT JAMES PATRICK TAYLOR, M.D.:

3 DEGAN, BLANCHARD & NASH
4 400 Poydras Street, Suite 2600
5 New Orleans, Louisiana 70130
6 Phone: (504) 529-3333

7 appearing herein by and through
8 Ms. Maryann G. Hoskins
9 E-Mail: dhoskins@degan.com
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Linda Perot, CCR

105 Comanche Circle, West Monroe, LA 71291-7094 Tel. 318-348-7647 acourtreporter2@gmail.com

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STIPULATIONS

1
2 It is stipulated and agreed between counsel
3 that this deposition of **EDWARD CALVERT, M.D.**, is
4 taken pursuant to Notice by counsel for
5 Defendants in accordance with the *Federal Rules*
6 *of Civil Procedure*, and may be used for all
7 purposes and in any manner consistent therewith.
8 All objections except as to the form of the
9 question and responsiveness of the answer are
10 reserved until such time as the deposition is
11 offered and introduced into evidence.

12
13 The parties hereto waive all formalities in
14 connection with the taking of said deposition,
15 except the swearing of the witness, reduction of
16 the questions and answers to typewriting, and
17 reading and signing of the deposition.

18
19 The witness, **EDWARD CALVERT, M.D.**, was
20 advised of his right to read and sign this
21 deposition, and he elected to exercise that
22 right.

23 * * * * *

24
25 *Linda Perot, CCR*

EDWARD CALVERT, M.D.,

being first duly sworn by LINDA PEROT, Certified Court Reporter 23012, was examined and testified as follows:

EXAMINATION

BY MR. WOODARD:

Q Good morning, Doctor.

A Good morning.

Q Will you please state your name and address for the record?

A Edward Calvert, 1120 Brookhaven Avenue, Ruston, Louisiana.

Q And it's my understanding you are a physician in the North Louisiana Emergency Physicians Partnership?

A I am.

Q Okay. And that serves Northern Louisiana Medical Center?

A Correct.

Q And you are not technically an employee of Northern Louisiana Medical Center?

A I think, technically, we are partners of some kind. I'm self-employed, I suppose.

Q And the partners of NLEP, LLP, that would be Drs. Alam, Taylor, White and yourself?

Linda Perot, CCR

1 A I'm not certain who all the partners are.

2 Q Okay. Alam and Taylor are your partners,
3 though?

4 A I think -- I suppose. It's sort of unusual
5 the way this ER is set up. Most of the
6 time, you are self-employed. With this one,
7 they make you partners of some kind. I
8 think it's a tax issue more than an actual
9 partnership.

10 Q How long have you known Dr. Alam and Dr.
11 Taylor?

12 A I've known Dr. Alam since probably 2005; Dr.
13 Taylor since, I believe, 2013.

14 Q Have you found them both to be trustworthy?

15 A I have.

16 Q Reliable?

17 A Yes.

18 Q Honest?

19 A Yes.

20 Q Can you think of any instance of dishonesty
21 since you've known Dr. Alam or Dr. Taylor?

22 A I cannot.

23 Q I'd like to show you --

24 MR. WOODARD:

25 what's been marked as "--- 1."

Linda Perot, CCR

1 Q This is a transcript of Dr. Alam's testimony
2 from a trial Mr. Ziegler and I actually had
3 not too long ago. If you will, flip with me
4 to the second page, Lines 7 through 9. Can
5 you read for the record that question and
6 answer?

7 A "No MRI or CT scan of the thoracic spine.
8 Is that right?" "No. MRI is not emergency
9 med department procedure. It takes longer
10 time. We cannot order it fast."

11 Q Okay. Have you ever seen that before?

12 A No.

13 MR. WOODARD:

14 I have "Exhibit 2" here, some
15 deposition excerpts from Dr. Taylor.

16 Q Have you read that deposition?

17 A I have not.

18 Q Okay. I want you to assume for me instead
19 of going through these excerpts in detail
20 that Dr. Taylor has testified in this
21 particular case he asked for an MRI. His
22 request was denied or delayed and the reason
23 he was given was financial considerations.

24 MS. HOSKINS:

25 Object to the form.

Linda Perot, CCR

1 (To Witness): Go ahead.

2 MR. BLANKENSHIP:

3 I join in the objection.

4 MR. WOODARD:

5 You can state the basis for your
6 form objection.

7 MS. HOSKINS:

8 Well, I don't think that's
9 exactly --

10 MR. BLANKENSHIP:

11 His answer --

12 MS. HOSKINS:

13 Right. I don't think that's exactly
14 what he said. I'm not -- it's a
15 paraphrase of what he said and I'm just
16 making my objection for the record.

17 MR. WOODARD:

18 Okay.

19 MS. HOSKINS:

20 I mean, if you want a verbatim, we
21 can read it. I don't think that's
22 necessary, but --

23 MR. WOODARD:

24 That's fine. I just -- if there was
25 some way I could rephrase the

Linda Perot, CCR

1 paraphrasing that you don't have a
2 problem with.

3 Q All right. And I want you to also assume
4 for me that Dr. Taylor testified that he was
5 told that requests for MRIs from the
6 emergency room have to be precertified.

7 MS. HOSKINS:

8 Object to the form.

9 MR. BLANKENSHIP:

10 Same objection.

11 Q Have you ever heard of any of those things I
12 just mentioned by Dr. Taylor?

13 A I have not.

14 Q Okay. Look back at "Exhibit 1." Do you
15 agree with Dr. Alam that MRIs cannot be
16 ordered fast from the emergency room?

17 A I do.

18 Q And why do you agree with that?

19 A MRI is not an emergency procedure. It's
20 just not something that is available to us
21 through the emergency room.

22 Q Is that something you wish was available?

23 A I'm sorry?

24 Q Is that something that you personally wish
25 was available?

Linda Perot, CCR

1 A In an ideal world. However, MRI takes
2 thirty minutes to an hour and it's just not
3 an emergency procedure by the nature of MRI.

4 Q Have you ever attempted to order an MRI from
5 the emergency room?

6 A Not on an emergency room patient.

7 Q Have you ever had occasion to order an MRI
8 on an emergency room patient, but you did
9 not make an order because you knew it would
10 take a significant amount of time?

11 A It's not really available through the
12 emergency room, so --

13 Q Who has told you that it's not available
14 through the emergency room?

15 MS. HOSKINS:

16 Objection. I don't think that's
17 what he said.

18 Q Is that what you said?

19 A It's not a test that we use in the emergency
20 room because it's not available for us to
21 order.

22 Q What do you mean that it's not available for
23 y'all to order?

24 A If I attempted to order an MRI, it wouldn't
25 be done. There's -- unless we order it on

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1 an inpatient, it's something that I would
2 have to discuss directly with either an
3 admitting physician or a radiologist or get
4 the orthopaedic doctor to tell me that it
5 was necessary. It's not something that I
6 could just type an order in the computer and
7 it would be done.

8 Q Do you have any idea why -- you could press
9 a button and order a CT scan. Correct?

10 A Correct.

11 Q Do you have any idea why you can't do that
12 for an MRI?

13 A It's just one of tests that's typically
14 reserved for people who require an inpatient
15 stay or can be done on an outpatient basis.

16 Q Typically, --

17 A We use the CT to rule out emergency
18 conditions typically, and then if somebody
19 needs further investigation, that's done
20 sort of at the next level, not through the
21 emergency room.

22 Q And when you say it's typically reserved for
23 inpatients and who else?

24 A Done on an outpatient basis. Typically, we
25 order a CAT scan to rule out emergency

Linda Perot, CCR

1 conditions and, if the CAT scan is negative,
2 then we would send them to have an
3 outpatient MRI via their primary physician.
4 Q And the way you're understanding MRIs are
5 used at Northern, typically there's a delay
6 which allows for confirmation of either
7 insurance or a patient's ability to pay?

8 MS. HOSKINS:

9 Objection.

10 MR. BLANKENSHIP:

11 Object to the form.

12 A I don't know anything about the financial
13 aspect of it.

14 Q It was a poor question. It's your
15 understanding that, typically, the way MRIs
16 are ordered and conducted at Northern,
17 there's a significant period of time to
18 where confirmation of reimbursement can be
19 confirmed. Is that correct?

20 MS. HOSKINS:

21 Objection.

22 MR. BLANKENSHIP:

23 Same objection.

24 A Again, I have no idea about the financial
25 aspect of it.

Linda Perot, CCR

1 Q If Dr. Taylor testified that he spoke with
2 Brady Dubois, the former CEO of Northern, --
3 do you remember -- were you working here
4 when Mr. Dubois was so employed? --

5 A I was.

6 Q -- that he spoke with Mr. Dubois and he
7 said, "We can't allow emergency room MRIs
8 for financial considerations," would you be
9 in a position to dispute Dr. Taylor's
10 testimony?

11 MS. HOSKINS:

12 Object to the form.

13 MR. BLANKENSHIP:

14 Object to the form.

15 A I have no idea what conversation he had with
16 Brady.

17 Q Would you have any reason to doubt
18 Dr. Taylor?

19 MR. BLANKENSHIP:

20 Same objection.

21 Q So it seems that you, Dr. Alam and
22 Dr. Taylor all agree that it's very
23 difficult to obtain an MRI from the
24 emergency room. Is that correct?

25 A That's correct.

Linda Perot, CCR

1 **MR. BLANKENSHIP:**

2 Object to the form.

3 Q And as we discussed before, I'm a lawyer.
4 I'm not a doctor. Tell me, if I come to you
5 and I present with something, some
6 conditions, and you say, "I want this test
7 run," where do you go? Is it a computer
8 screen? Is it a station where you write
9 handwritten notes?

10 A It's a computer screen.

11 **MS. HOSKINS:**

12 Just for clarification, you're
13 talking about if you present to NLMC
14 emergency room?

15 **MR. WOODARD:**

16 I think he understands the question.

17 Q You can go ahead.

18 A Yeah. We have a system called MEDHOST that
19 we do all of our documentation and we order
20 our tests through MEDHOST.

21 Q Okay. And MEDHOST is electronic?

22 A Correct.

23 Q And if you want to order a CT scan, you can
24 press a button?

25 A Correct.

Linda Perot, CCR

1 Q Are there any other type of diagnostic
2 images you can order with the press of a
3 button?

4 A X-rays, some ultrasound.

5 Q But there is no button on MEDHOST for MRIs?

6 A There is not, not that I'm aware of.

7 Q How often do you see or use that MEDHOST
8 software?

9 A Every day.

10 Q Daily? And you've never --

11 A Every day that I work, yes.

12 Q Poor question. And you've never noticed an
13 MRI button?

14 A I have not.

15 Q Have you ever inquired as to why there is no
16 MRI button?

17 A I have not.

18 Q Do you have any idea as you sit here today
19 why there is no MRI button?

20 A It's just not a modality we use in the
21 emergency department.

22 Q I can't remember their first names, but are
23 you familiar with Ms. Burns and Ms. Goss?

24 A Yes. Sandy Goss.

25 Q Sandy Goss?

Linda Perot, CCR

1 A Sandy Goss is her name.

2 Q Okay.

3 A I don't know who Burns is.

4 Q Would you agree if they said all other
5 departments can order an MRI electronically
6 except the emergency room?

7 MR. BLANKENSHIP:

8 Object to the form.

9 MS. HOSKINS:

10 Object to the form.

11 A I have no knowledge of other departments.

12 Q Are you aware of any MRIs ever being ordered
13 from the emergency room by any physician?

14 A I am not.

15 Q And how long have you been at Northern?

16 A On and off since 2005.

17 Q Would it be fair to say that the ordering of
18 MRIs from the emergency department at
19 Northern is discouraged?

20 MR. BLANKENSHIP:

21 Object to the form.

22 A I've never been discouraged. It's just not
23 something that's typically available to us.

24 Q Are you aware of -- let me ask this. Have
25 you ever made any complaints to hospital

Linda Perot, CCR

1 administration that you would like to have
2 the option for an MRI?

3 A I have not.

4 Q Are you aware of any physicians who have
5 made such a complaint?

6 A I am not.

7 Q And you've never requested an MRI out of the
8 emergency room?

9 A I have not.

10 Q But since 2005, you have had some patients
11 where they presented with symptoms where you
12 would have like to have obtained an MRI?

13 MS. HOSKINS:

14 Object to the form.

15 A Normally, I can rule in or out conditions
16 with what's available to me in CAT scan or
17 plain x-ray enough to give the patient a
18 really need to be for that MRI. So through
19 the nature of MRI, it's not something that
20 we can do quickly in the emergency room.

21 Q The MRI machine is right down the hallway
22 from the emergency department. Correct?

23 A I honestly don't know.

24 Q If Dr. Taylor testified that the MRI machine
25 is right down the hallway from the emergency

Linda Perot, CCR

1 department, would you be in any position to
2 dispute that?

3 A I would not.

4 Q If Dr. Taylor testified that "This is the
5 21st Century; we ought to be able to obtain
6 an MRI from the emergency department," would
7 you agree with that?

8 MR. BLANKENSHIP:

9 Object to the form.

10 MS. HOSKINS:

11 Object to the form.

12 A That's his statement. I don't -- I've never
13 worked in an emergency room where MRI was
14 available to me.

15 Q How many emergency rooms have you worked in?

16 A Six or seven.

17 Q If a hospital advertises and markets that it
18 has MRIs available for all patients,
19 inpatients and outpatients, would it be fair
20 for patients to expect that they can obtain
21 an MRI from the emergency room?

22 MR. BLANKENSHIP:

23 Object to the form.

24 MS. HOSKINS:

25 Object to the form.

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1 A It's not an emergency procedure.

2 Q I understand. But my question was, if a
3 hospital advertises that they provide MRIs
4 for all patients, inpatients, outpatients,
5 emergency, non-emergency, would it be fair
6 for patients to expect that they can obtain
7 an emergency room MRI?

8 MR. BLANKENSHIP:

9 Same objection.

10 A I don't really know how to answer that. I
11 mean, they can advertise whatever they want,
12 I suppose. It's just not something we use
13 through the emergency room. It's available
14 for inpatients; it's available for
15 outpatients. But whatever they advertise,
16 it's just not something we do in the ER.

17 Q But you wouldn't condone it as a good
18 medical practice to falsely advertise what
19 services a hospital can or can't offer.
20 Correct?

21 MS. HOSKINS:

22 Object to the form.

23 MR. BLANKENSHIP:

24 Object to the form.

25 A Correct.

Linda Perot, CCR

1 Q Are you -- do you have any knowledge at all
2 about the case that I'm here on today?

3 A I do not.

4 Q Have you ever heard of Jordan Scott?

5 A I've heard the name strictly because I know
6 that's the case that I'm here for today.

7 Q Are you aware she's a patient who presented;
8 at the time, she was twelve years old? And,
9 according to Dr. Taylor's testimony, he
10 wanted an MRI at around 9 a.m. and an MRI
11 was not conducted until nearly 3 p.m.?

12 MS. HOSKINS:

13 Object to the form.

14 MR. BLANKENSHIP:

15 Same objection.

16 A I have no knowledge of the case.

17 Q Are you aware that that girl is now
18 paralyzed for the rest of her life?

19 A I am not.

20 Q Would you agree that's a tragic case?

21 MR. BLANKENSHIP:

22 Object to the form.

23 MS. HOSKINS:

24 Object to the form.

25 A I do agree.

Linda Perot, CCR

1 Q Doctor, you are trained to help people.

2 Correct?

3 A Correct.

4 Q You're not trained on how to give
5 depositions?

6 A I'm not.

7 Q Right now, you're thinking about "What am I
8 going to do once I get out of this
9 deposition and what am I going to walk into
10 in the emergency department?" Correct?

11 A I don't work today, thankfully.

12 Q You're not working today. If you were
13 working today, you walk in every day not
14 knowing what's going to present itself?

15 A Correct.

16 Q You're holding a cup of coffee in your hand.
17 When you're working, you may be drinking a
18 cup of coffee, and then all of a sudden
19 things go from tranquil to a gunshot wound
20 comes in and you've got all hands on deck?

21 A Correct.

22 Q And you've got to use your expertise, your
23 medical judgment to try to help that person?

24 A Correct.

25 Q You've got to assess the situation, diagnose

Linda Perot, CCR

1 the problem, and then treat the problem.

2 Correct?

3 A Correct.

4 Q And you've been educated. You've been
5 trained. You have experience to help deal
6 with those medical issues?

7 A Correct.

8 Q Is it true that sometimes business decisions
9 can get in the way of you exercising -- or a
10 doctor exercising his medical judgment?

11 MS. HOSKINS:

12 Object to the form.

13 MR. BLANKENSHIP:

14 Object to the form.

15 A Not with me.

16 Q Have you ever wanted to do something,
17 provide treatment to a particular patient
18 and been handcuffed by a particular
19 administrative or business decision?

20 A Yes. I'm sure that I have, but I can't
21 think of a specific example.

22 Q And that's more of where I was going with my
23 question. Again, I'm asking you to assume
24 instead of making you read all this
25 deposition testimony. I'm trying to move

Linda Perot, CCR

1 things along so you can get out of here. If
2 Dr. Taylor testified he wanted to order an
3 MRI as early as, say, 9 a.m., he made the
4 request to order an MRI, he was denied his
5 request for an MRI, and when he was told why
6 his requests were denied it was because of
7 administrative financial consideration. I
8 want you to assume those things. If that's
9 true, would that be an instance where a
10 physician's medical judgment was being
11 handcuffed by a business decision?

12 **MR. BLANKENSHIP:**

13 Object to the form.

14 **MS. HOSKINS:**

15 Object to the form.

16 A Assuming all those things are true, yes, it
17 would be.

18 Q Okay. And sometimes, those business or
19 administrative decisions are made by people
20 who never went to medical school like you?

21 **MR. BLANKENSHIP:**

22 Object to the form.

23 A Yes.

24 Q People who never went to medical school like
25 Dr. Taylor or Dr. Alam. Correct?

Linda Perot, CCR

1 A Correct.

2 Q And sometimes, those administrative and
3 business decisions are made without any
4 consultation with people who went to medical
5 school such as yourself, Dr. Alam and Dr.
6 Taylor?

7 MR. BLANKENSHIP:

8 Object to the form.

9 A Yes.

10 Q And when those decisions are adopted, y'all
11 pretty much have to just go with the hands
12 you are dealt. Correct?

13 A Correct.

14 Q Okay. Again, I'm asking you to accept as
15 true Dr. Taylor's testimony that Mr. Dubois
16 told him, "We, as a hospital, cannot grant
17 or order MRIs from the emergency room for
18 financial considerations." Assuming that is
19 true, would it be fair to say that that
20 policy does not involve an assessment of
21 each particular patient's condition?

22 MR. BLANKENSHIP:

23 Object to the form.

24 MS. HOSKINS:

25 Object to the form.

Linda Perot, CCR

1 A If it's a global policy, then I guess it
2 doesn't involve individual patients.

3 Q And if Jordan Scott presented --

4 MR. WOODARD:

5 Y'all help me. August 19th?

6 MR. BLANKENSHIP:

7 That's right.

8 Q If Jordan Scott presented August 19th of
9 2014 and that policy I'm asking you to
10 assume exists, that would not have been
11 applied for her specific case. Correct?

12 MR. BLANKENSHIP:

13 Object to the form.

14 A Correct.

15 Q It wouldn't have been applied during the
16 scope of her particular treatment?

17 MR. BLANKENSHIP:

18 Same objection.

19 A I suppose.

20 Q If that policy exists, that would be an
21 administrative or a business decision
22 without consideration of any medical
23 judgment?

24 MS. HOSKINS:

25 Object to the form.

Linda Perot, CCR

1 MR. BLANKENSHIP:

2 Same objection.

3 A If it exists, yes.

4 Q And I think you used the word "globally."
5 If it's applied globally or universally,
6 that would mean that it's being done so
7 without specific considerations of each
8 specific patient. Correct?

9 A Correct.

10 Q And if Dr. Taylor says the policy exists and
11 the hospital says it doesn't exist, that
12 would require a credibility call between the
13 two. Correct?

14 MS. HOSKINS:

15 Object to the form.

16 MR. BLANKENSHIP:

17 Object to the form.

18 A I suppose.

19 Q I'm trying to move along.

20 MR. WOODARD:

21 I'm going to show you what's been
22 marked as "Exhibit 5."

23 Q Are you aware that Northern Louisiana
24 Medical Center has a website?

25 A Not directly, no. I've never seen it.

Linda Perot, CCR

1 Q I'll represent to you that this is taken off
2 Northern's website. Do you see the top
3 line? It says, "Magnetic Resonance
4 Imaging?"

5 A I do.

6 Q Is that what lay folks like me refer to as
7 an MRI?

8 A Yes.

9 Q Look in the second paragraph. It says,
10 "Northern has been offering MRIs as a part
11 of the diagnostic imaging department since
12 1994, and today we serve both inpatients and
13 outpatients." Do you see that?

14 A I do.

15 Q When Jordan Scott was presenting to the
16 emergency department in August of 2014,
17 would she be considered an inpatient or an
18 outpatient?

19 A She was an emergency room patient.

20 Q So inpatient?

21 A She doesn't really fall into either
22 category.

23 Q Assuming she was admitted?

24 A If she was admitted, she would be an
25 inpatient.

Linda Perot, CCR

1 Q Okay. And you see 1994. If Dr. Taylor
2 testified that, "Look, this is the 21st
3 Century; we ought to be able to have access
4 to an MRI," that would be consistent with
5 Northern's own website. Correct?

6 MR. BLANKENSHIP:

7 Object to the form.

8 A Correct.

9 MR. WOODARD:

10 I next want to show you "Exhibit 6,"
11 which is another caption of Northern's
12 website.

13 Q Look at the top. It says, "Diagnostic
14 Imaging." Correct?

15 A Yes. Correct.

16 Q And if you see down toward the bottom, it
17 says, "Why should I have my imaging exam
18 done in an accredited facility?" Northern
19 is an accredited facility. Correct?

20 A I don't know.

21 Q Okay. According to this website?

22 MR. BLANKENSHIP:

23 Object. Speaks for itself.

24 MR. WOODARD:

25 That's fair.

Linda Perot, CCR

1 Q Do you see the line I've highlighted there,
2 "ACR gold standards of gold seals of
3 accreditation?"

4 A I do.

5 Q ACR, is that the American College of
6 Radiology?

7 A Yes.

8 Q Are you aware that accreditation is required
9 for providers that bill for MRIs under
10 Medicare?

11 A I am not.

12 MR. WOODARD:

13 I want to show you "Exhibit 8."

14 (OFF RECORD DISCUSSION.)

15 Q "Exhibit 8" is entitled The ACR
16 Appropriateness Criteria. Do you see that?

17 A I do.

18 Q And again, that's the American College of
19 Radiology?

20 A Yes.

21 Q And whenever you, as an emergency room
22 physician, want to order diagnostic imaging,
23 do you work with your radiology department?

24 A I do.

25 Q Okay.

Linda Perot, CCR

MR. WOODARD:

I now want to show you "Exhibit 9," which is a screen shot from another part of that article.

Q It looks like the ACR has defined "appropriateness" on when imaging is or is not required. Do you see that highlighted paragraph at the top?

A I do.

Q And in the paragraph toward the bottom, that speaks to rating appropriateness. Do you see that?

A I do.

Q Do you see the highlighted line toward the bottom that says, "The direct or indirect cost of a procedure are not considered as a risk or harm when determining -- " quote, unquote, " -- 'appropriateness'."

A I do.

Q Does that make sense to you?

A Yes.

Q And do you think that's how things ought to be, especially in the emergency department, considerations based on a financial -- or excuse me. Strike that. Financial

Linda Perot, CCR

1 considerations should not be considered when
2 deciding which treatment to offer to a
3 particular patient?

4 **MS. HOSKINS:**

5 Object to the form.

6 **MR. BLANKENSHIP:**

7 Same objection.

8 A I do.

9 Q You do agree with that?

10 A I do agree with it.

11 Q And I'm not trying to trick you. If you
12 look at "Exhibit 9," I have one question
13 here. The top paragraph, "The concept of
14 appropriateness as applied to health care."
15 It's the second sentence of the first
16 paragraph. Do you see that?

17 A I do.

18 Q Do you understand the difference, if any,
19 between appropriateness and health care, or
20 does there appear to be a difference in this
21 article between appropriateness and the
22 practice of medicine?

23 A I'm not sure what you mean.

24 Q I'm not sure what I mean either. What does
25 that sentence mean to you?

Linda Perot, CCR

1 A They are defining appropriateness in the
2 setting of health care.

3 Q And in that definition, they say costs are
4 not to be considered. Correct?

5 MR. BLANKENSHIP:

6 Object to the form.

7 A I don't believe it mentions cost at all in
8 that paragraph.

9 Q I'm sorry. In the writing appropriate
10 paragraph.

11 A Yes.

12 Q Have you ever heard of precertification?

13 A I have.

14 Q What is your understanding of what
15 precertification means?

16 A I think it's normally when someone has a
17 test that's ordered on a non-emergency basis
18 and the insurance company can require sort
19 of oversight to see if that procedure is
20 appropriate.

21 Q Precertification is required or used in non-
22 emergent basises?

23 A That's my understanding.

24 MR. BLANKENSHIP:

25 Object to the form.

Linda Perot, CCR

1 Q Is it your understanding that requiring
2 precertification in emergency basis would be
3 inappropriate?

4 MR. BLANKENSHIP:

5 Object to the form.

6 A Yes.

7 Q And it would be inappropriate because it
8 would delay or deny possibly pressing or
9 emergency medical needs to inquire into
10 insurance?

11 A Yes.

12 Q And I'm guessing, as an emergency room
13 physician, you are trained and educated on
14 what I would call EMTALA?

15 A Yes.

16 Q What is your understanding of what EMTALA
17 is?

18 A It's a series of laws or rules, I guess,
19 that state that we have to do everything
20 within our power to determine that somebody
21 is medically stable before you would then
22 deny treatment to them, I suppose, or refer
23 them somewhere else for treatment.

24 Q Right. And you've been trained on that.
25 You've been educated on that. And you've

Linda Perot, CCR

1 been told, as an emergency room physician,
2 you have different duties than a non-
3 emergency doctor. Correct?

4 A Correct.

5 **MS. HOSKINS:**

6 Object to the form.

7 Q And those duties include you can't dump a
8 patient just because he or she doesn't have
9 insurance or money. Correct?

10 A Correct.

11 Q And you can't deny screening examinations to
12 a patient just because he or she does not
13 have money or insurance. Correct?

14 A Correct.

15 Q If there is necessary treatment that's
16 available, you provide it without regard for
17 insurance or for payment. Correct?

18 A Correct.

19 Q In your training and education of EMTALA,
20 are you trained or informed on how to
21 identify when there has been an EMTALA
22 violation?

23 A Yes. I think so.

24 **MR. WOODARD:**

25 On "Exhibit 10," I have another

Linda Perot, CCR

1 screen shot from Northern's website on
2 the precertification issue. This seems
3 to echo what you were saying. It says,
4 "You may preregister online at least
5 three business days in advance of your
6 requested procedure date." That does
7 not seem to speak to emergency
8 procedures. Correct?

9 **MR. BLANKENSHIP:**

10 Object to the form. It speaks for
11 itself.

12 A Correct.

13 Q Emergencies, you don't get three day's
14 notice. Correct?

15 A Correct.

16 Q And so, applying this precertification in an
17 emergency setting would be kind of a square
18 peg in a round hole?

19 A Correct.

20 **MS. HOSKINS:**

21 Excuse me. Do you want to turn your
22 speaker down?

23 (OFF RECORD DISCUSSION).

24 **MR. WOODARD TO MR. SHOENFELT:**

25 Hey, Oscar.

Linda Perot, CCR

1 MR. SHOENFELT:

2 Yes?

3 MR. WOODARD:

4 Mute your phone for me. And I'm not
5 trying to hush you up, just in case you
6 need to engage.

7 MS. HOSKINS:

8 Just for clarification, Oscar is on
9 your cell phone listening.

10 MR. WOODARD:

11 That's right.

12 MR. WOODARD:

13 Now, "Exhibit 11" is a screen shot
14 from Northern's website.

15 Q And this also seems to echo what you were
16 saying. The part at the bottom, "If you
17 don't have insurance, no one will be denied
18 necessary medical care due to lack of
19 insurance or inability to pay." Do you see
20 that?

21 A I do.

22 Q That's what you've been trained to do as an
23 ER physician?

24 A Correct.

25 Q That's consistent with your Hippocratic

Linda Perot, CCR

1 oath?

2 A Correct.

3 Q And a policy or a practice or even a single
4 instance in violation of that would
5 constitute an EMTALA violation. Correct?

6 MS. HOSKINS:

7 Object to the form.

8 MR. BLANKENSHIP:

9 Object to the form.

10 Q I can rephrase the question. Accepting
11 Dr. Taylor's testimony as true that there
12 was an emergency condition, that the MRI was
13 available, that the MRI was requested, that
14 the MRI was denied because of insurance
15 inquiries, it's your understanding that
16 would result in an EMTALA violation.
17 Correct?

18 MS. HOSKINS:

19 Object to the form.

20 MR. BLANKENSHIP:

21 Object to the form.

22 A Yes.

23 MR. WOODARD:

24 "Exhibit 12."

25 Q Northern Louisiana Medical Center represents

Linda Perot, CCR

1 on its website the thirty minutes or less
2 pledge. Have you ever seen that?

3 A I have.

4 Q And that basically says you're going to get
5 meaningful service within thirty minutes.
6 You're going to be treated on an as-needed
7 basis based on the severity of the condition
8 presented. Correct?

9 MS. HOSKINS:

10 Object to the form.

11 MR. BLANKENSHIP:

12 Object to the form.

13 A I think what it means is that you will be
14 seen and triaged within thirty minutes of
15 your arrival to the emergency department.

16 Q You will be seen and triaged within thirty
17 minutes. And then, after that, you're going
18 to be pigeonholed into, okay, here is a
19 runny nose, and then on the other end of the
20 continuum we've got a heart attack or
21 neurological deficits, something like that.
22 Correct?

23 A Correct.

24 MR. BLANKENSHIP:

25 Object to the form.

Linda Perot, CCR

1 Q With this thirty-minute pledge in mind, if
2 Dr. Taylor testified that he wanted an MRI
3 for a twelve-year-old girl with neurological
4 deficits in her hands and feet as early as
5 9 a.m. and she did not obtain the MRI until
6 3 p.m., do you think that would be
7 consistent with the thirty-minute pledge?

8 MS. HOSKINS:

9 Object to the form.

10 MR. BLANKENSHIP:

11 Object to the form.

12 A I don't think the pledge applies to that as
13 long as she was seen and triaged within
14 thirty minutes of her arrival to the ER.

15 Q Okay. Do you think that would be
16 consistent, the scenario I just gave to you,
17 MRI requested as early as 9 a.m., not
18 conducted until 3 p.m. with emergency
19 progressing neurological deficits in a
20 twelve-year-old girl? Do you think that gap
21 in time is consistent with best practices at
22 Northern Louisiana Medical Center's
23 emergency department?

24 MS. HOSKINS:

25 Object to the form.

Linda Perot, CCR

MR. BLANKENSHIP:

Object to the form.

1
2
3 A Again, an MRI is not something that is
4 available to us through the emergency room.

5 Q Fair point. That would be an instance
6 where, assuming those facts as true, request
7 at 9:00, MRI finally given at 3:00, if you
8 accept Dr. Taylor's testimony, he was doing
9 everything he could to try to get the MRI in
10 that time frame. But because of a business
11 decision at the hospital, he could not get
12 it, --

MR. BLANKENSHIP:

Object to the form.

13
14
15 Q -- assuming those facts as true. Is that
16 correct?

17 A That's correct.

18 Q Now, I know you feel like you're probably
19 banging your head against the wall and I'm
20 almost done, but it's my understanding you
21 say "MRIs can't be ordered from the
22 emergency room department because that's not
23 a modality we use." Is that a fair
24 characterization of your testimony?

25 A Yes.

Linda Perot, CCR

1 Q And you don't know -- you don't know why
2 that's something that's not available to
3 y'all?

4 MS. HOSKINS:

5 Object to the form.

6 MR. BLANKENSHIP:

7 Same objection.

8 A No, not directly.

9 Q Can you think of any legitimate reason if
10 the radiology department is right down the
11 hall, the MRI machine is right down the
12 hall, why you can't have access to that in
13 the special cases where you may need it as
14 an emergency room physician?

15 MS. HOSKINS:

16 Object to the form.

17 MR. BLANKENSHIP:

18 Same objection.

19 A I don't know exactly how to answer that.
20 It's just always been we try to use another
21 modality that's faster in itself to try to
22 rule out emergency conditions. A CT can be
23 done in a few minutes whereas an MRI takes,
24 you know, a half hour or an hour, you know,
25 to do the procedure. So typically, we use

Linda Perot, CCR

1 the faster modality to try to rule in or out
2 an emergency condition, and then move on to
3 the next step.

4 Q But there are certain things that an MRI
5 will pick up that a CT scan will not pick
6 up. Correct?

7 A Correct.

8 Q And, say, blood thickness, the density of
9 blood around, say, a spinal cord. That may
10 be an incident where you can run a CT scan
11 and it won't pick up, but an MRI would
12 definitely pick that up. Correct?

13 A I'm not a radiologist, so I'm not sure about
14 that.

15 Q Sure.

16 A My understanding is that I think blood --
17 acute blood shows up fairly well on a CAT
18 scan, but there certainly may be things that
19 an MRI would pick up that a CAT scan can't.

20 Q Which test is typically more expensive, a CT
21 scan or an MRI?

22 A I have no direct knowledge of that.

23 Q Do you have any knowledge -- when you say
24 you have no direct knowledge, do you have
25 any indirect knowledge?

Linda Perot, CCR

1 A No, not really. I honestly have no idea
2 what things cost.

3 Q Okay. Who would be the best person to ask
4 that?

5 A I guess someone in the billing department.
6 I don't -- I don't really know.

7 Q Who is in charge of the billing department?

8 A I have no idea.

9 Q You don't know?

10 A No.

11 Q It sounds like you walk into work like I do,
12 ready to get in and get out.

13 A That's right.

14 Q But I think you said, in an ideal world, you
15 would like to have the option to press a
16 button and get an MRI if a particular case
17 came in front of you and you decided you
18 wanted one. Correct?

19 MR. BLANKENSHIP:

20 Object to the form.

21 MS. HOSKINS:

22 Object to the form.

23 A Yes.

24 Q You said an MRI can take thirty minutes to
25 an hour to conduct?

Linda Perot, CCR

1 A Yes.

2 Q And a CT scan about fifteen minutes?

3 A Closer to five, probably, for most CTs.

4 Q Okay. What about an x-ray?

5 A A few seconds.

6 MR. WOODARD:

7 Can we go off the record real quick?

8 I'd like to talk with my counsel.

9 MS. HOSKINS:

10 Sure.

11 MR. BLANKENSHIP:

12 Sure.

13 (OFF RECORD.)

14 EXAMINATION

15 BY MR. WOODARD, continuing:

16 Q All right. Doctor, a few more questions and
17 you're off. If a -- I want you to put
18 yourself in Dr. Taylor's shoes. If a young
19 twelve-year-old girl comes in with
20 progressing neurological deficits in her
21 hands and feet and you have reason to
22 believe there is a compression of the cord
23 which would require an MRI, what would you
24 do to try to get an MRI ordered and
25 conducted for that patient?

Linda Perot, CCR

1 MS. HOSKINS:

2 Object to the form.

3 MR. BLANKENSHIP:

4 Same objection.

5 A Assuming all of those things, should have
6 two options. I could probably call and try
7 to talk to the radiologist directly and see
8 if that's something that we could get done,
9 or transfer her to a facility where an MRI
10 is routinely available, assuming I knew all
11 of this.

12 Q And who would you call when you say "and
13 talk to the radiologist"?

14 A Whoever was on duty for that day. Or I may
15 call and try to talk with the orthopaedic
16 surgeon to see if they could order the MRI.

17 Q And if the request to radiology and the
18 request to another physician were denied,
19 you would then say, "Look, I recommend this
20 patient for transfer"?

21 A Assuming all of those things, yes, probably.

22 Q Okay. Are there any written rules on when
23 you can order an MRI from the emergency
24 room?

25 A I don't know. I have not seen a written

Linda Perot, CCR

1 rule.

2 Q And remind me. You've been here off and on
3 since 2005?

4 A I have.

5 Q Any training on when you can or cannot order
6 an MRI from the emergency room?

7 MR. BLANKENSHIP:

8 Here at the hospital or in general
9 as part of his medical training?

10 Q I think he understands the question.

11 A No. I don't think there's any specific
12 training. It's just sort of what I've
13 experienced in practice.

14 Q Is it your understanding that a patient has
15 to be admitted to obtain an MRI?

16 A At this facility.

17 Q At Northern?

18 A Correct. Or done on an outpatient basis.

19 Q Which would be a non-emergency setting.

20 A Correct.

21 Q So, the only way an emergency room MRI can
22 be conducted at this facility is admitting
23 the patient?

24 MS. HOSKINS:

25 Object to the form.

Linda Perot, CCR

1 **MR. BLANKENSHIP:**

2 Join the objection.

3 A That wouldn't be an emergency room MRI.

4 Q Sure. You said that an MRI is different from
5 the other tests in that it can be done in
6 fifteen to thirty minutes. Are there also
7 some additional benefits to MRIs as opposed
8 to a CT scan and an x-ray?

9 A Yes, there are things we can see on an MRI
10 that we can't see on the other two.

11 Q And that's why I think you used the phrase
12 "ideal world." You'd like to be able to
13 have that option. Correct?

14 **MR. BLANKENSHIP:**

15 Object to the form.

16 A Correct.

17 Q Have you ever discussed with anyone at the
18 hospital -- doctors, nurses, administration
19 why MRIs are not available on the software
20 that you mentioned?

21 **MS. HOSKINS:**

22 Object to the form.

23 **MR. BLANKENSHIP:**

24 Same objection.

25 A I have not.

Linda Perot, CCR

1 Q When you were a resident, did you ever order
2 an MRI from the emergency room?

3 A I don't know for sure. I trained at a much
4 larger facility, so it's possible.

5 Q Aside from being a slightly longer test, can
6 you think of any other reason as to why you
7 would not be allowed to order an MRI from
8 the emergency room?

9 MR. BLANKENSHIP:

10 Object to the form.

11 MS. HOSKINS:

12 Object to the form.

13 A Normally, we can rule in or out what we need
14 to based on other modalities.

15 Q But you would agree, in an emergency
16 department, there's really no such thing as
17 normal. Correct? You get new cases every
18 day.

19 A Correct.

20 Q All right. Let me make sure I understand
21 this note from my counsel. Are you
22 testifying that the emergency department
23 here does not include determining if a
24 patient needs a MRI on an emergency basis if
25 that is available to an in-patient?

Linda Perot, CCR

1 A I'm not sure I understand the question.

2 Q I don't either. I'll move on. And again,
3 you said, if you need an MRI, you've got to
4 admit the patient. Correct?

5 A Correct.

6 Q And so, that would be an administrative
7 decision where Northern has not allowed the
8 emergency department to order an MRI.
9 Correct?

10 MR. BLANKENSHIP:

11 Object to the form.

12 A I'm not sure where the decision came from.
13 It's not my decision.

14 Q You're not aware that it was Dr. Alam's
15 decision?

16 A No.

17 Q You're not aware that it was Dr. Taylor's
18 decision?

19 A No.

20 Q You're not aware of any physician who said
21 hey, we don't want to be able to order an
22 MRI?

23 A Correct.

24 Q Would it be safe to assume that that came
25 from administration?

Linda Perot, CCR

1 A Or the radiology department, possibly.

2 Q And if the radiology department said that
3 was not its decision, it'd be safe to assume
4 that came from the business department or
5 administration at Northern?

6 MR. BLANKENSHIP:

7 Same objection.

8 A Yes.

9 Q Would you agree with Dr. Taylor's testimony
10 if he said that minutes can be critical when
11 you're talking about compression of the
12 spinal cord in a patient such as a twelve
13 year old girl with progressing neurological
14 deficits?

15 MS. HOSKINS:

16 Object to the form.

17 MR. BLANKENSHIP:

18 Same objection.

19 A Yes, I would agree with that.

20 Q And so, your options that you're allowed as
21 an emergency room physician, if you're ever
22 presented with a situation that requires an
23 MRI, you either call radiology, you call
24 another doctor such as an ortho, or you
25 transfer. Correct?

Linda Perot, CCR

1 A Yes.

2 Q And all three of those decision take a
3 significant amount of time.

4 A Correct.

5 Q The actual call to radiology, is that you
6 pick up your cell phone and you call them or
7 do you have a phone in your office?

8 A At the nurses' station.

9 Q All right. And if you call her and she
10 denies and says we can't do that, then you
11 call the doctor and he says we can't do
12 that, that's several minutes which have
13 passed. Correct?

14 A Correct.

15 Q And then, if you transfer, where would you
16 transfer the patient?

17 A Typically, LSU-Shreveport.

18 Q And that's about an hour and a half drive,
19 if you're booking it. Correct?

20 A About an hour.

21 Q By helicopter, how long are we talking?

22 MR. BLANKENSHIP:

23 Object to the form. Calls for
24 speculation.

25 A I think it's about twenty or thirty minutes.

Linda Perot, CCR

1 Q And you're aware of instances where patients
2 have been transferred from here to
3 Shreveport by helicopter?

4 A Yes.

5 Q And you're aware of both the time they've
6 left and the time they've arrived,
7 generally?

8 A Generally.

9 Q So, it wouldn't call for speculation on your
10 part, would it?

11 A I suppose not.

12 Q But those are the only three options you
13 have available, calling radiology, calling
14 another doctor, and transferring the
15 patient. Correct?

16 A Correct.

17 Q And all three of those options take time.

18 A Correct.

19 Q Time in a situation, a hypothetical I'll
20 pose to you, where minutes are very
21 critical.

22 A Correct.

23 Q Okay.

24 MR. WOODARD:

25 Thank you, Doctor.

Linda Perot, CCR

1 MS. HOSKINS:

2 Trey?

3 MR. ZEIGLER:

4 No questions.

5 MR. BLANKENSHIP:

6 Good morning, Dr. Calvert. Again,
7 I'm Kurt Blankenship and I represent the
8 hospital. I do have some questions for
9 you.

10 EXAMINATION

11 BY MR. BLANKENSHIP:

12 Q Touching on the helicopter flights to
13 Shreveport, you have ridden on those
14 helicopter flights with the patient?

15 A Not to Shreveport; no, sir.

16 Q So your understanding of the time frame
17 involved is just a general understanding you
18 have, not based on any personal knowledge of
19 yours. Correct?

20 A Yes, sir.

21 Q All right. You've said several times in
22 your testimony this morning that you can
23 rule out conditions faster using other
24 modalities than an MRI. Is that a fair
25 understanding of what you said?

Linda Perot, CCR

1 A Yes.

2 Q And you've told us that the CAT scan can
3 take just a few minutes; x-rays just a few
4 seconds, and the MRI takes longer, thirty
5 minutes to an hour.

6 A Yes.

7 Q So, my sense from what you're saying, my
8 understanding of what you're saying, in
9 general, is that because you're in an
10 emergency room setting, you generally go to
11 the faster tests that you as the physician
12 believes will rule in or out a condition or
13 a possible diagnosis and ascertain faster
14 whether the condition is present or not.

15 Correct?

16 A Correct.

17 Q And that's why you would normally order the
18 CT first, because that rules in or out a
19 number of modalities. Correct?

20 A Correct.

21 Q You would agree with me, wouldn't you,
22 Doctor, that a radiologist is, by virtue of
23 his specialized -- his or her specialized
24 training and experience, better qualified
25 than an ER physician to determine what

Linda Perot, CCR

1 medical conditions are best ruled in and out
2 by an MRI?

3 MR. WOODARD:

4 Object to form.

5 A They certainly have more specialized
6 training than we do.

7 Q Okay. And they have more specialized
8 training in interpreting MRIs than you do as
9 an ER physician.

10 A Correct.

11 Q Do you ever, as an ER physician, interpret
12 the MRI itself?

13 A Not an MRI, no.

14 Q But you do interpret tests?

15 A Preliminary interpretations. They're always
16 over rid by a radiologist.

17 Q It's fair to say, isn't it, that you rely on
18 the radiologist to give sort of a definitive
19 interpretation of either the CAT scan or the
20 MRI?

21 A Correct.

22 Q Now, you were asked what would your options
23 be if a twelve year old girl presented with
24 neurological deficits and you described
25 those for us, and I want to go back over

Linda Perot, CCR

1 just a couple of them. First of all, your
2 decision making path would depend, wouldn't
3 it, on a number of things that you as the ER
4 physician learn or see as part of your
5 treatment and examination of the patient.
6 And, by that, I mean first you'd be looking
7 at the history the patient gave you.

8 A Correct.

9 Q Then you'd be relying on your clinical
10 assessment of the patient in whether or not
11 neurological deficits are demonstrated.

12 Correct?

13 A Correct.

14 Q And then, based on your training and
15 experience, that information, the history
16 and your clinical assessment, would lead you
17 down one of several paths as to what further
18 testing you would want to do to make a more
19 definitive diagnosis. Correct?

20 A Correct.

21 Q And that's the normal course of events for
22 ER physicians when they're treating and
23 examining patients in the ER. Correct?

24 A Correct.

25 Q All right. And one of those options that's

Linda Perot, CCR

1 available to you is to consult with a
2 specialist. Correct?

3 A Correct.

4 Q All right. And there at Northern Louisiana
5 Medical Center, in August of 2014, there was
6 an orthopaedic surgeon available to consult
7 with. Right? Dr. Major Blair?

8 A I'm not certain, you know, who was on call
9 that day or when he -- he's gone from this
10 facility and I don't know when he left.

11 Q Let me make it just a general question.
12 Generally, are there specialists available
13 to consult with?

14 A We only have one orthopaedist on staff right
15 now, so he's on call sometimes and he's not
16 other times. I believe at that particular
17 time there was probably coverage every day
18 for orthopaedics.

19 Q Okay. But an orthopaedic surgeon would be
20 one of the types of specialists that you
21 could potentially consult as an ER physician
22 when you're confronted with a suspected
23 spinal cord injury. Correct?

24 A Correct.

25 Q All right. And that physician may or may

Linda Perot, CCR

1 not decide to order an MRI himself.

2 Correct?

3 A Correct.

4 Q And you've also testified earlier that
5 you've worked in six or seven emergency
6 rooms in the course of your career?

7 A Yes.

8 Q When did you start practicing emergency
9 medicine?

10 A I believe 1999.

11 Q All right. And you've been here since 2005.
12 That's what you told us. Correct?

13 A Correct.

14 Q All right.

15 MS. HOSKINS:

16 I think he said "off and on" --

17 MR. BLANKENSHIP:

18 Okay.

19 MS. HOSKINS:

20 -- since 2005.

21 MR. BLANKENSHIP:

22 All right.

23 Q Have you worked in other emergency rooms
24 that are part of a facility that is
25 comparable to Northern Louisiana Medical

Linda Perot, CCR

1 Center? And, by that, I'm just trying to
2 distinguish between a facility like
3 LSU-Shreveport and a facility like just a
4 rural clinic. You know, there's a spectrum
5 of facilities available.

6 A Most of the other facilities I have worked
7 at have had more options available than
8 Northern Louisiana Medical Center.

9 Q Okay. And when you say "options available,"
10 are you --

11 A Specialty services available.

12 Q Right, that's what I was getting at. You're
13 talking about they might have neurologists
14 on staff or they might have neurosurgeons on
15 staff, things like that.

16 A Correct.

17 Q Okay. Now, you were asked if you were
18 trained to identify EMTALA violations. And
19 he first asked you -- EMTALA is a federal
20 law, is it not?

21 A It is.

22 Q All right. And you're not trained in the
23 practice of law. Correct?

24 A I am not.

25 Q And you're not called upon to determine

Linda Perot, CCR

1 whether certain fact scenarios constitute a
2 violation of the law or not. Correct?

3 A I'm not.

4 Q You have a basic understanding as a
5 physician of what EMTALA obligates you as a
6 physician to do. Correct?

7 A Correct.

8 Q And to summarize that obligation, is it fair
9 to say that it's basically to triage and
10 stabilize the patient within the
11 capabilities of the facility. Correct?

12 A Correct.

13 Q And that process, the triage unit and the
14 stabilization of the patient is to be done
15 without consideration for finances.
16 Correct?

17 A Correct.

18 Q All right. And that's what you believe you
19 do here as the ER physician at Northern
20 Louisiana Medical Center. Correct?

21 A Correct.

22 Q You never ask a patient, I'm going to order
23 this test, can you pay for it?

24 A No, I don't.

25 Q That's never a consideration for you?

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1 A No, it's not.

2 Q And I take it that in your practice as an
3 emergency room physician here at the
4 hospital at Northern Louisiana Medical
5 Center, you don't get involved in any
6 decisions about whether a test is going to
7 be paid for by the patient's insurance
8 company or the patient himself or not.

9 A I don't, no.

10 Q You're not trained or familiar with the
11 requirements of various health insurers and
12 their contracts with their patients in the
13 hospital. Correct?

14 A I am not.

15 Q You were asked a number of questions about
16 administration making decisions versus
17 physicians making decisions. Let me phrase
18 it to you this way: You as the physician,
19 it's your prerogative, isn't it, to assess
20 the patient and make the appropriate
21 diagnosis. Correct?

22 A Correct.

23 Q And it's your prerogative to order what
24 tests you believe are necessary to make that
25 diagnosis, if they're within the capability

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1 of the hospital. Correct?

2 A Correct.

3 Q And it's your prerogative as the physician
4 to decide whether a patient could best be
5 treated for a specific condition at another
6 facility. Correct?

7 A Correct.

8 Q And then, recommend or order the transfer.
9 Correct?

10 A Correct.

11 Q And that happens all the time for an
12 emergency room physician. Correct?

13 A Correct.

14 Q You said, I believe, that you don't have any
15 knowledge of the specifics of this case.
16 Correct?

17 A Correct.

18 Q And just to be clear for the record, you
19 have not reviewed the medical chart for
20 Jordan Scott's visit to the emergency room
21 on August 19, 2014?

22 A I have not.

23 Q I believe you said at one point, if I wrote
24 it down correctly, that you've never worked
25 in an ER where the MRI is available.

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1 Correct?

2 A Correct.

3 Q So, if that is the policy or the practice
4 here, and I'm not suggesting that it is, but
5 if it is, it's not unusual in your
6 experience, is it?

7 A Correct.

8 Q I want to show you, Dr. Calvert, a document
9 that was identified and attached as an
10 exhibit in a previous deposition in this
11 case. I'll give you a minute to take a look
12 at it, but I'll represent to you while
13 you're looking at it that this is a list of
14 MRIs ordered through the emergency room here
15 at Northern Louisiana Medical Center from
16 roughly 2013 to 2016 that was generated from
17 the hospital's computer system. And, as you
18 can see, the name of the patient is redacted
19 from this document. If you look at the
20 first page of this attachment, the third
21 line down indicates that you, yourself,
22 ordered an MRI through the emergency room on
23 April 28th, 2014. Let me first ask you, you
24 treat, in the course of any shift in the ER,
25 anywhere from ten or so patients to maybe

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1 multiple tens of patients. Correct?

2 A Typically, twenty-five patients or so.

3 Q And you normally do how many ER shifts a
4 month?

5 A Sixteen to eighteen.

6 Q So, just roughly doing the math, you take
7 care of at least several hundred patients
8 per month every month. Correct?

9 A Correct.

10 Q And it would be straining or taxing the
11 ability of anyone to remember all the
12 specifics of the patients that they treat.
13 Correct?

14 A Correct.

15 Q All right. So, with that by way of
16 background, first let me ask if you
17 specifically recall ordering a brain MRI
18 without contrast for a patient on
19 April 28th, 2014?

20 A I do not.

21 Q But, given this list, do you have any reason
22 to believe that the hospital computer system
23 is inaccurate when it says that such an MRI
24 was ordered?

25 A I do not. But my suspicion is that that was

Linda Perot, CCR

1 ordered as an in-patient.

2 Q Okay. There's a code that allows us to
3 determine whether they were in-patient or
4 outpatients but it shows you as the ordering
5 physician. Correct? And the other people
6 listed in the ordering physician column, let
7 me ask you about some of these. First of
8 all, you'll notice that Dr. Alam's office --
9 I mean, name appears many times. Do you see
10 that?

11 A I do.

12 Q Are you familiar with Dr. Holly Kidd?

13 A I am.

14 Q And who is that? Is that another ER
15 physician?

16 A No, it's not. She's a Green Clinic Internal
17 Medicine doctor.

18 Q All right. And Dr. Martin Blackwelder?

19 A Green Clinic Internal Medicine.

20 Q You see Dr. Taylor's name there?

21 A I do.

22 Q And then, Dr. Jacqueline White?

23 A I do.

24 Q Who is that?

25 A She's an emergency room doctor.

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1 Q And what about Dr. Beau Burton?

2 A He's a -- I believe a nurse practitioner in
3 the ER.

4 Q Okay. Does he work with your group?

5 A He does.

6 Q Or for your group? All right. And
7 Dr. Regan Bonan?

8 A Green Clinic Internal Medicine.

9 Q Okay. So, we've seen enough names to know
10 that the ordering physician here is a
11 mixture of Green Clinic Physicians and ER
12 physicians. Correct?

13 A Correct.

14 Q All right. And the list speaks for itself,
15 but you can verify for us, can't you, that a
16 number of the MRIs shown ordered here are of
17 the cervical spine. Correct?

18 A Yes. It looks like three of them.

19 Q Okay. And then some are of the lumbar
20 spine. Correct?

21 A Correct.

22 Q At least one is of the thoracic spine.

23 A Correct.

24 Q And then, a lot of them are either of the
25 head or the brain.

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1 A Correct.

2 Q Okay. Does it happen sometimes,
3 Dr. Calvert, either in the emergency room
4 here at Northern Louisiana Medical Center or
5 others that if you believe an MRI might be
6 appropriate for a patient for whatever
7 reason, that you would call the radiologist
8 on duty and say, hey, I've got a patient
9 here. This is what I'm seeing. I think
10 maybe an MRI is in order. What do you
11 think? Does that happen?

12 A Yes.

13 Q All right. And under those circumstances,
14 does the radiologist sometimes respond that
15 yeah, I agree. Send him up. We'll do an
16 MRI. Or, try this first or anything like
17 that?

18 A I can't remember a specific instance but,
19 yes, they would go over the possibilities,
20 you know, of potential things that we could
21 do to try to take care of the patient.

22 Q Okay. Is it fair to say that the
23 radiologist, the physician radiologist is
24 sort of the gatekeeper for determining
25 whether an MRI is appropriate for a patient?

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1 A I'm not sure that I would use the term
2 "gatekeeper," but they have, certainly, more
3 training to know whether the test is
4 appropriate or not.

5 Q Okay. You were asked a number of questions
6 about whether you had ever discussed the
7 unavailability, as you described, of MRIs
8 here with either administration or other
9 physicians, and I want to ask you about
10 that. First of all, to use the term
11 "unavailability," it has different meanings
12 in my mind, so I want to clarify that. An
13 MRI machine is present here in the hospital.
14 Correct?

15 A Yes.

16 Q And MRIs can be physically performed here in
17 the hospital. Correct?

18 A Correct.

19 Q So, another way of saying "unavailability,"
20 as you've been describing it, of saying is
21 it's not normally ordered through the ER?
22 An MRI is not normally ordered through the
23 ER?

24 A I have not ever ordered an MRI from the
25 emergency room.

Linda Perot, CCR

1 Q That you recall?

2 A I have not ever ordered an MRI other than on
3 an in-patient.

4 Q Even though this computer sheet shows that
5 it was ordered for --

6 MR. WOODARD:

7 Object to form. He's stated he
8 thinks that was an in-patient.

9 Q I think you said you suspect it was an
10 in-patient.

11 A It's not possible for me to order an MRI
12 from the emergency room; so if this shows up
13 under my name, chances are that was an MRI
14 written on admission orders. And I write
15 for those every day.

16 Q For a patient that is going to be admitted.

17 A For a patient who's going to be admitted.

18 Q Right. And when you write the admission
19 orders under those circumstances, is that an
20 order that you, yourself, are generating,
21 for lack of a better way to describe it, or
22 is that an order that comes from another
23 physician?

24 A I think technically it's from another
25 physician because we don't have admitting

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1 privileges to the hospital. As sort of part
2 of the customary procedure, we write what
3 we'll call "bridge orders" to get the
4 patient admitted to the hospital. The order
5 technically comes from me, but it's on
6 behalf of the admitting physician.

7 Q Okay. It happens, though, sometimes that
8 you don't' actually talk to the admitting
9 physician when you're writing the bridge
10 orders, right? You have sort of a standard
11 protocol for ordering sets of tests for
12 specific kinds of patients, right?

13 A Yes, but we always discuss admissions with
14 the admitting physician.

15 Q Okay.

16 A But yes, there's a typical work up for a
17 heart patient or a --

18 Q But you don't necessarily have to talk to
19 the admitting physician to know what that
20 is. Correct?

21 A Correct.

22 Q Now, getting back to the questions about
23 discussions, have you ever discussed this
24 unavailability, as you've described it, of
25 the MRIs through the emergency room with

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1 other physicians here?

2 A Not that I recall.

3 Q Because, again, in your experience, it's not
4 that unusual, right?

5 A Correct.

6 Q And I'm not sure you were asked this
7 specific question, so I want to ask it:
8 You've never had any discussion with anyone
9 in hospital administration about
10 unavailability of MRIs through the ER as you
11 have described it in this testimony today?

12 A I have not.

13 Q And I think we know the answer to this
14 question but, just to be sure, to get ready
15 for this deposition today, you didn't review
16 any physical documents. Correct?

17 A I did not.

18 MR. BLANKENSHIP:

19 Thank you, Dr. Calvert.

20 MR. WOODARD:

21 I've got a few follow-ups.

22 WITNESS:

23 Okay.

24 MR. WOODARD:

25 This sheet, what do you want to mark

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1 this, Mr. Blankenship?

2 MR. BLANKENSHIP:

3 Your last number was ten, I believe,
4 so we can make it eleven.

5 COURT REPORTER:

6 The last number was twelve.

7 MR. BLANKENSHIP:

8 Twelve? Let's make it "13."

9 REEXAMINATION

10 BY MR. WOODARD:

11 Q Okay. This sheet right here, Doctor,
12 there's nothing showing what time any of
13 these MRIs were ordered. Correct?

14 A I don't believe so.

15 Q There's nothing showing what time any of
16 these MRIs were conducted. Correct?

17 A Correct.

18 Q So, if you're looking at this sheet,
19 Exhibit 13, there could have been a
20 five-minute delay between the order and the
21 MRI or there could have been a five-day
22 delay for all you know. There is no
23 telling.

24 A Correct.

25 Q There's nothing on Exhibit 13 that shows

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1 whether these MRIs required precertification
2 or did not require precertification.

3 Correct?

4 A Correct.

5 Q And of these few MRIs that purportedly come
6 from the ER in Exhibit 13, it looks like at
7 least seven of them dealt with the spine.

8 Correct?

9 A Correct.

10 Q And you understand that the MRI that
11 Dr. Taylor wanted in this case addressed the
12 thumbar area of the spine?

13 MS. HOSKINS:

14 Object to the form.

15 A Lumbar?

16 Q "Thumbar." Thoracic.

17 A Thoracic.

18 Q Hey, that's that new area that I invented
19 between thoracic and lumbar.

20 A I'm not sure what he ordered. I honestly
21 don't have any knowledge.

22 Q Assume that he wanted the thoracic area of
23 the spine to be examined. That would be
24 consistent with the few MRIs that exist on
25 Exhibit 13. Correct?

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1 A There is a thoracic spine MRI on it.

2 Q Okay. And then, several other areas, the
3 cervical and the lumbar. Correct?

4 A Correct.

5 Q And so, that would suggest that at least the
6 brain and the spine are areas where you may
7 need an MRI on certain occasions?

8 MS. HOSKINS:

9 Object to the form.

10 MR. BLANKENSHIP:

11 Same objection.

12 A Correct.

13 Q An MRI is a diagnostic screening
14 examination. Correct?

15 A I don't know about a "screening"
16 examination. It's a diagnostic examination.

17 Q Diagnostic.

18 A You don't use them to screen for anything
19 that I'm aware of.

20 Q I said "screening." Diagnostic imaging
21 examination?

22 A Correct.

23 Q And when we were talking about
24 unavailability, it's physically available at
25 Northern Louisiana Medical Center. Correct?

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1 A There is a machine here.

2 Q There is a machine here and it's relatively
3 close to the emergency department. Correct?

4 A I'm not aware of it's location.

5 Q You would not be in a position to dispute or
6 argue with Dr. Taylor whenever he describes
7 where the MRI machine is located?

8 A I would not.

9 Q And so, while it's physically available, for
10 all practical respects, it's not available
11 to you in the emergency department.
12 Correct?

13 MR. BLANKENSHIP:

14 Object to the form.

15 A Correct.

16 Q And that's because, due to an administrative
17 business decision, you are not available to
18 press a button and order an MRI from the
19 emergency department?

20 MS. HOSKINS:

21 Object to the form.

22 MR. BLANKENSHIP:

23 Object to the form.

24 A I'm not sure where the decision came from.
25 I just know it's not available.

Linda Perot, CCR

1 Q It didn't come from the doctors. Correct?

2 A Correct.

3 Q Who orders the software?

4 A I assume administration.

5 Q And so, if the software is ordered by
6 administration and the software doesn't have
7 a button that allows you to order an MRI, it
8 would be safe to say that administration has
9 made the decision to not allow emergency
10 room doctors to order an MRI?

11 MR. BLANKENSHIP:

12 Object to the form.

13 A Again, I'm not sure who made the decision
14 not to include it.

15 Q You've seen no evidence based on the
16 software ordered by the administration that
17 they want to allow you to be able to order
18 an MRI from the emergency room?

19 MR. BLANKENSHIP:

20 Object to the form.

21 A Correct.

22 Q We talked about the delay in an MRI, fifteen
23 to thirty minutes, typically?

24 A That's how long it takes to perform the
25 actual MRI.

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1 Q Okay. That would, of course, be a shorter
2 time frame than several hours. Correct?

3 A Correct.

4 Q And so, even if it's not the fastest test
5 available, if under certain circumstances
6 it's the best test available, that would be
7 better than having a patient sit around and
8 wait seven hours.

9 MS. HOSKINS:

10 Object to the form.

11 MR. BLANKENSHIP:

12 Same objection.

13 A Correct.

14 Q Especially a patient with progressing
15 neurological defects.

16 A Correct.

17 Q Would it be very frustrating for you as a
18 physician if you were presented with a
19 patient who you thought, in your medical
20 judgment, using your training, your
21 expertise required an MRI and, because of
22 hospital policies and procedures, you were
23 not able to get an MRI?

24 MR. BLANKENSHIP:

25 Object to the form.

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1 A Yes.

2 Q And would it keep you up at night knowing
3 that that policy has now left a teenage girl
4 paralyzed for the rest of her life?

5 MS. HOSKINS:

6 Object to the form.

7 MR. BLANKENSHIP:

8 Object to the form.

9 A Yes.

10 Q You have a daughter yourself. Correct?

11 A I do.

12 Q That would be very troubling to you?

13 A Yes.

14 MR. WOODARD:

15 No further questions.

16 (WITNESS ELECTED TO READ AND SIGN.)

17

18 DEPOSITION CONCLUDED AT 9:30 A.M.

19

20

21

22

23

24

25

Linda Perot, CCR

REPORTER'S PAGE

I, LINDA PEROT, Certified Court Reporter
No. 23012, in and for the State of Louisiana,
the officer, as defined in Rule 28 of the
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Procedure, before whom this proceeding was
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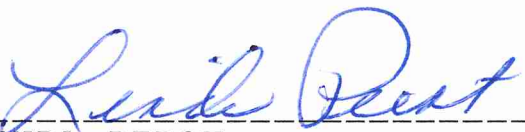
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I, LINDA PEROT, Certified Court Reporter, Certificate No. 23012, as the officer before whom this testimony was taken, do hereby certify that **EDWARD CALVERT, M.D.**, after having been duly sworn by me upon authority of R.S. 37:2554, did appear on the 27th day of July, 2016, commencing at 8:06 a.m., and concluding at 9:30 a.m., as hereinbefore set forth in the foregoing 81 pages; that this testimony was reported by me in the stenomask reporting method, was prepared and transcribed by me or under my personal direction and supervision, and is true and correct to the best of my ability and understanding; that the transcript has been prepared in compliance with the transcript format guidelines required by statute and rules of the Board; that I am informed about the complete arrangement, financial or otherwise, with the person or entity making arrangements for deposition services; that I have acted in

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1 compliance with the prohibition on contractual
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15 West Monroe, Louisiana, on this the 18th
16 day of October, 2016.

17
18 
19 _____
20 LINDA PEROT
21 CERTIFIED COURT REPORTER
22 CERTIFICATE NO. 23012
23 STATE OF LOUISIANA
24
25

Linda Perot, CCR

WITNESS CERTIFICATE TO
OCTOBER 17, 2016, DEPOSITION OF
EDWARD CALVERT, M.D.

* * * * *

I, EDWARD CALVERT, M.D., deponent in the foregoing deposition, do hereby certify that the same was submitted to me for examination; that I have read the deposition and find it to be a true and correct transcription of the testimony as given by me on October 17, 2016, before Linda Perot, Certified Court Reporter No. 23012, in the matter of *Scott, et al. vs. Northern Louisiana Medical Center, et al.*, with the exception of any corrections noted on the attached errata sheet.

() No Corrections

() Corrections

Date

EDWARD CALVERT, M.D.

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Page	Line	Now Reads	Should Read	Reason for Change
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[illegible]

EDWARD CALVERT, M.D.

85
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Exhibit "1"

GREGORY SCOTT, ET AL.
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318-348-7647

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EDWARD CALVERT, M.D.
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(318) 254-2791**

5

APR. 12. 2016 9:44AM COURTHOUSE ANNEX

NO. 005 P. 3

HERMAN M. HODGE, JR. THIRD JUDICIAL DISTRICT COURT
VS. NO. 55,272 PARISH OF LINCOLN
STATE FARM FIRE & CASUALTY AND STATE OF LOUISIANA
KENNETH L. COX

-----0-----

A PORTION OF THE PROCEEDINGS HAD on the Jury Trial in
the above entitled and numbered cause had at Ruston, Louisiana on
the 31st day of March, 2016 before His Honor, Jay B. McCallum,
Judge for the Third Judicial District Court, State of Louisiana.

A P P E A R A N C E S: FOR THE PLAINTIFF:

K. LAMAR WALTERS, III
RUSSELL A. WOODARD, JR.
P. O. Box 14106
Monroe, LA 71207

FOR THE DEFENDANT:

GORDON L. JAMES
DONALD H. ZEIGLER, III
P. O. Box 3008
Monroe, LA 71210-3008

Reported by Jon Anne Winstead,
Certified Digital Reporter

-----0-----

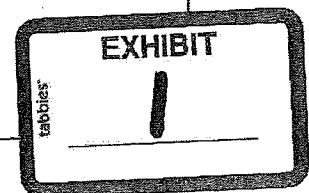
DR. MOHAMMAD J. ALAM

Called as a witness on behalf of the defendant, who,
after first being duly sworn on his oath, testified as follows:
(COUNSEL STIPULATED AS TO HIS EXPERTISE IN EMERGENCY
MEDICINE.)

DIRECT EXAMINATION

Jon Anne Winstead, Official Court Reporter
Third Judicial District Court

Exhibit "1"



APR. 12. 2016 9:48AM COURTHOUSE ANNEX

NO. 005 P. 13

1 about their accident history or their pain history because
2 they're focused on what's going on at that time?

3 A. It's a possibility. I can't say that.

4 Q. Now, Dr. Alam, you -- you ordered an MRI or a CT Scan of
5 the lumbar spine only, is that correct?

6 A. Correct.

7 Q. No MRI or CT Scan of the thoracic spine, is that right?

8 A. No, MRI is not a emergency med-- department procedure.
9 It takes longer time. We cannot order it fast.

10 Q. Sure.

11 A. No, I did not order any other Cat Scan. The area where
12 he complained of pain, I ordered the Cat Scan.

13 Q. Okay. And Mr. Zeigler showed you a note where there was
14 a reference to Mr. Hodge complaining about a loss of
15 consciousness, a few second loss of consciousness. It's in the
16 nurse's note. I think it's at page 6 of your notes. And it says
17 patient -- patient fell off ladder at work, reports may have had
18 loss of consciousness for a couple of seconds, alert and oriented
19 at this time. Now when -- when you have a patient come in with a
20 -- a reported loss of consciousness, I assume you don't feel the
21 need to order a CT Scan of the brain or of the head unless
22 they're -- they're showing signs of cognitive deficiencies where
23 they're not alert and oriented. Would that be accurate?

24 A. Correct.

25 Q. All right.

26 MR. WALTERS: All right, thank you, Doctor.

27 THE COURT: Thank you. Is there any redirect?

28 MR. ZEIGLER: No, Your Honor.

29 THE COURT: All right, well I think you're released to
30 go back to wherever you'd like to go. Back to work or
31 home or wherever.

32 THE WITNESS: Thank you.

Page 1

STATE OF LOUISIANA
PATIENT COMPENSATION FUND
MEDICAL REVIEW PANEL PROCEEDING

* * * * *

GREGORY SCOTT AND MICHELLE SCOTT,
INDIVIDUALLY AND ON BEHALF OF
THE MINOR, JORDAN SCOTT, AS THE
PARENTS AND TUTORS OF JORDAN
SCOTT

VERSUS

NO. 2015-00923

JACOB WOOD, M.D., THE GREEN CLINIC,
NORTHERN LOUISIANA MEDICAL CENTER,
JAMES TAYLOR, M.D.

* * * * *

DEPOSITION OF
JAMES PATRICK TAYLOR, M.D.

February 25, 2016

(commencing at 9:01 a.m.)

* * * * *

Taken at:

Law Office of Russell A. Woodard
114 North Trenton Street
Ruston, Louisiana 71270

* * * * *

Reported By:

WANDA J. EADY
CERTIFIED COURT REPORTER
CERTIFICATE NO. 87255
PARISH OF OUACHITA
STATE OF LOUISIANA

Exhibit "1"

EXHIBIT

2

55a077

1 Q All right. Tell me the physician notes.

2 A The physician notes has three pages here.

3 Q How many pages is in the computer?

4 A I don't know. It's just scrolling on the computer.

5 Q Did you add anything on the computer -- well, first
6 of all, let's go over as far as your physical examination.

7 A Yes, sir.

8 Q Did you in any way change the physical examination
9 after you first entered it into the computer?

10 A The very first time change it or add to it?

11 Q Add to it, delete, --

12 A Yes, I did.

13 Q You added to your physical examination?

14 A That's correct.

15 Q When?

16 A At the admission, time of admission.

17 Q You're talking about, like, the same day?

18 A Yes, sir.

19 Q Did you ever go back after the day of this
20 admission of Jordan Scott and add or delete anything from any
21 of your physician notes other than the addendum?

22 A No, sir.

23 Q You would agree -- so you would agree, would you
24 not, that Jordan Scott should have received an MRI as soon as
25 she entered the emergency room?

1 A Relatively, yes, sir.

2 Q As soon as possible. Would you --

3 A As soon -- yes, sir.

4 Q And you were prevented from doing that by the
5 hospital. Is that correct?

6 MR. GRUNER: Object to the form of the question.

7 Q Go ahead and answer, Doctor.

8 A Yes. Okay.

9 MR. SHOENFELT TO MR. GRUNER: And, Counsel, can you
10 state your form of the objection, why you are
11 objecting?

12 MR. GRUNER: You said "by the hospital." He said
13 by the radiology department earlier. I'm not sure
14 he meant hospital staff.

15 Q What did you mean, Doctor?

16 A That soon after -- I resulted the thyroid and the
17 labs at 9:07 according to the chart. It was around that time
18 right when I resulted the labs and had them back that I asked
19 Ron, who is our charge nurse, Wyatt, I believe is the last
20 name, -- he's no longer with us.

21 Q Why?

22 A I'm not sure.

23 Q You asked --

24 A He's probably semi-retired.

25 Q At 9:07, you asked Ron Wyatt what?

1 A That I needed to get an MRI. He tried to get one
2 for me.

3 Q Wait. Did you need to get one or that you needed
4 to get one?

5 A I needed to get an MRI.

6 Q Because you knew this was a neurological emergency,
7 didn't you?

8 A I knew that there was something going on with her
9 neurologically.

10 Q You know that, in a neurological emergency,
11 particularly with compression on a cord, that you need to act
12 as soon as possible?

13 A That was part of -- that was part of the thought
14 process.

15 Q And Ron told you what regarding the MRI?

16 A Ron was -- because, on our computer physician order
17 entry from the emergency department, there is no way to order
18 an MRI.

19 Q Now, who is Ron again?

20 A Ron was our charge nurse that day at that
21 particular time.

22 Q So you talked with Ron and he said you could not
23 get an MRI?

24 A Ron was calling radiology in MRI -- to get an MRI
25 because we have no way of ordering it. Whatever I needed to

1 do to order the MRI, that's what needed to be done while I
2 was going to see other patients. That's what he told me.
3 I'm not sure what -- I can tell you what time period it was,
4 but I can't give you the exact time. Ron told me that they
5 said that you cannot get an MRI through the emergency
6 department.

7 Q Were you aware of this prior to this time?

8 A I knew it was going to be difficult.

9 Q Why is that?

10 A Because they typically don't want to do MRIs
11 through the emergency department.

12 Q And why is that?

13 A You'll have to ask them.

14 Q But, I mean, did you have problems with this prior
15 to this time?

16 A Directly, no.

17 Q Okay. What about indirectly?

18 A I knew that in the past they had given other
19 people -- wouldn't do MRIs through the emergency department.

20 Q They would not do them?

21 A That's correct.

22 Q So was it known among the emergency room physicians
23 that you couldn't get an MRI in the emergency room?

24 A Nothing official, no.

25 Q Well, my question, nothing official, but was it

1 known among the emergency room physicians that you couldn't
2 get an MRI in the emergency room?

3 A Known as a policy? No.

4 Q Well, was it possible?

5 A Was it possible to not get one or possible --

6 Q No. Was it possible to get one?

7 A I was attempting to.

8 Q Okay. I'm thinking about when did this -- when did
9 you first become aware of this issue?

10 A That they would not do one --

11 Q Yes.

12 A -- absolutely? That day.

13 Q When did you first become aware that the North
14 Louisiana Medical Center had such a policy that it made it
15 extremely difficult, if not impossible, for an emergency room
16 physician to get an MRI?

17 MR. GRUNER: Object to the form.

18 A I can't give you a time, date or anything.

19 Q Was it years ago?

20 A I don't know if I've ever tried to order one
21 before.

22 Q Had other physicians tried to order MRIs and not
23 been successful?

24 A Not that I know of. Not directly, no.

25 Q But you were aware of this before August 2014.

1 Correct?

2 A That they would probably give me a difficult time?

3 Q Yeah.

4 A Yes, sir.

5 Q Well, if not this case, what case would warrant an
6 emergency MRI with a twelve-year-old girl who could face
7 potential paralysis if this diagnosis was not made as soon as
8 possible? They still would not allow you. Did you tell them
9 that?

10 A I can tell you what happened.

11 Q What happened?

12 A Ron subsequently told me that they said that we
13 couldn't do an MRI. I tried to get -- oh, good Lord! -- our
14 ER manager, --

15 MS. WHITE: Sandy.

16 A -- Sandy, Sandy Goss, to try to intervene.

17 Q And what happened with Sandy?

18 A She immediately told me, she goes, "They're not
19 going to do an MRI for us." And I said, "Can you please just
20 go try; go talk to them?" She later told me, "No." So later
21 I went to Sherry Burns, the radiology manager, and talked to
22 her and she told me that they couldn't do it. So I told her
23 I was going to have to admit Jordan to get the MRI. That's
24 what I told her.

25 Q Well, I thought at one point you discharged her.

1 A This was all before that.

2 Q And why did you discharge her if you wanted to get
3 an MRI?

4 A A mental lapse on my part.

5 Q So you admit that you made a misdiagnosis?

6 MS. HOSKINS: Object to the form.

7 A I did not make a misdiagnosis. I made a bad
8 judgment at that particular time.

9 Q Well, you admit that you breached the standard of
10 care, then. Is that correct?

11 MS. HOSKINS: Object to the form.

12 A For having that discussion with them?

13 Q No. For not making sure that this girl who had
14 neurological deficits received an MRI as soon as possible
15 when you knew that continued compression on the cord could
16 cause her to become paralyzed.

17 A That was part of the differential. Yes, sir.

18 Q But you admit that you breached the standard of
19 care by not making sure she had an MRI and discharging her
20 home. Correct?

21 MS. HOSKINS: Object to the form.

22 A I did not discharge her home.

23 Q Well, you admit that you breached the standard of
24 care by attempting to discharge her home when she needed to
25 get an MRI. Do you agree with that?

1 MS. HOSKINS: Object to the form.

2 A I did not discharge her home.

3 Q Do you feel you gave her proper care?

4 A With the resources I had available, I did the best
5 I could at that time.

6 Q Would you agree that any hospital the size of North
7 Monroe [sic] Hospital should allow an emergency room
8 physician to obtain an MRI if an emergency situation such as
9 Jordan Scott faced August 19th, 2014?

10 MR. GRUNER: Object to the form.

11 A My professional opinion, yes, sir.

12 Q And did you bring this up at any point in time to
13 the hospital administrator?

14 A That day or afterwards?

15 Q Any time.

16 A Yes, sir.

17 Q And what did -- what happened?

18 A Nothing has changed.

19 Q Nothing has still changed. Is that correct?

20 A That's correct.

21 Q Now, Doctor, didn't you note this problem in the
22 medical record?

23 A Of what part?

24 Q The fact that you couldn't get an MRI.

25 A I did make a little note of it, yes, sir.

1 Q The MRI?

2 A Yes, sir.

3 Q Okay. As soon as possible?

4 A Relatively quickly. Yes, sir.

5 Q And isn't it true that even minutes and hours can
6 make a huge difference in the diagnosis and recovery of a
7 patient such as Jordan Scott when she's got progressing
8 neurological deficits?

9 A Yes.

10 Q So did Dr. Wood suggest to you that this was
11 conversion disorder?

12 A The word "conversion" never came out. No, sir.

13 Q Did you write that in the medical record?

14 A I think on one of my addendums, I did.

15 Q Did you write in the medical record that he
16 suggested conversion disorder could have caused this?

17 A It was part of the -- part of the things that we
18 talked about; not conversion, but social issues. No. But
19 she had neurologically something going on. Yes, sir.

20 Q Is it true you never suspected an epidural
21 hematoma?

22 A Did I ever suspect it? No, sir.

23 Q And why is that?

24 A Was not aware that that could happen in that case
25 like that. It was a -- it's one of the risk factors that we

1 certified by the attorneys for the hospital under oath?

2 A No, sir.

3 MR. GRUNER: Object to the form. The lawyers don't
4 certify.

5 MR. SHOENFELT: It's in a response to request for
6 production, so I think it's under oath, unless I'm
7 mistaken.

8 Q So why is that not in the medical record?

9 A I don't know why it's not in there.

10 Q It's on the computer, is it not?

11 A It was two days ago.

12 Q All right. Isn't it true that the patients asked
13 you to have an MRI done many times?

14 A Do people ask me a lot -

15 Q No. The parents, Mr. and Mrs. Scott.

16 A We talked about it, yes.

17 Q And what did you tell them?

18 A I told them I couldn't get one, they wouldn't let
19 me get one through the emergency department. And that's when
20 I went in and talked with them after I got off the initial
21 phone call with Dr. Wood, had a discussion with them. It was
22 Jordan's mom is the one that hit me between the eyes verbally
23 and, basically, her reaction was "No, no, no; that's not
24 acceptable." And then, she asked me, "If this was your
25 daughter, would you take her home?" And how are you supposed

1 to respond to that, "No, I would not."

2 Q Well, shouldn't you treat each patient as if it was
3 your own daughter?

4 A That's correct. Yes, sir. That's why -- that's
5 why, at that particular time, it was a horrible lapse of
6 judgment on my part because that's when I lost -- that's when
7 I lost their trust and confidence, and that's what I took
8 personally.

9 Q Okay. And you breached the standard of care, did
10 you not?

11 A I lost their confidence and trust at that moment.

12 MS. HOSKINS: Object to the form.

13 MR. SHOENFELT: What's your objection? State it on
14 the --

15 MS. HOSKINS: He's not saying he breached the
16 standard of care. You are.

17 MR. SHOENFELT: Well, I'm asking him a question.

18 A No, sir.

19 Q You did not breach the standard of care?

20 A Not by -- not with that ten minutes I was in there
21 talking with them.

22 Q Well, what about when she came in and she had
23 uneven deficits when you first examined her from a
24 neurological point of view and you knew it was an emergency
25 and no MRI was ordered?

1 A I tried -- was trying to get an MRI.

2 Q Well, what time did you do the physical exam?

3 A When I first saw her.

4 Q No. What time in the morning?

5 A 7:50ish. 7:40.

6 Q That's what I'm saying. So 7:40 in the morning,
7 you started trying to get an MRI. Correct?

8 A No, sir.

9 Q Okay. When?

10 A It was around 9:10.

11 Q Well, what happened from 7:40 to 9:10?

12 A Waiting for lab work.

13 Q Why did you wait for the lab work?

14 A To make sure it wasn't something metabolic.

15 Q So you said each minute and each hour can be
16 important. Correct?

17 A It can be. Yes, sir.

18 Q So you decided to wait to see if -- instead of
19 ordering the MRI, to see if there was something metabolic
20 that was causing this paralysis with the child as opposed to
21 going ahead and ordering the MRI?

22 MS. HOSKINS: Object to the form.

23 Q Is that correct?

24 A That's correct. Yes.

25 Q Okay. Is that proper medical care?

1 A I did not order the MRI sooner.

2 Q You should have. Right?

3 A I wish I had.

4 Q Well, Dr. Wood said that, as soon as you knew there
5 was a difference in the upper and the lower limbs, that you
6 should have tried to order an MRI on an emergency basis and
7 get a neurosurgical consult. Is that --

8 MR. ZIEGLER: Object to the form.

9 MR. SHOENFELT: What's your objection?

10 MR. ZIEGLER: I'm objecting to the form. All I
11 have to do is say I object to the form. I think --

12 MR. SHOENFELT: Well, I don't think that's actually
13 true.

14 MR. ZIEGLER: Well, --

15 MR. SHOENFELT: You're supposed to say what your
16 objection is because a lot of people just say it
17 because they think it's a safeguard.

18 MR. ZIEGLER: I tell you what. We'll let the judge
19 decide that.

20 MR. SHOENFELT: Well, we --

21 MR. ZIEGLER: I object to the form. He can answer
22 the question.

23 A That's his medical opinion. Yes, sir.

24 Q Okay. You disagree with that or are you agreeing?

25 A Say that again. I'm sorry.

1 Q Don't you agree that as soon as you saw the
2 neurological deficits that were of a progressive nature this
3 child was exhibiting, that you should have began an emergency
4 ordering of an MRI and look for a neurosurgical consult?

5 A They weren't progressing before my eyes.

6 Q It's either a "yes" or "no."

7 A No.

8 Q Okay. And the reason is because that it was not
9 progressing before your eyes?

10 A It's the time period. It's part of the
11 differential.

12 Q So what did you think metabolically could have
13 caused this type of -- with a history, first of all, of
14 progressive for four or five days, activity as a cheerleader?
15 Did you do a percussion in the thoracic area?

16 A I did.

17 Q And what did that show?

18 A She had some tenderness in the upper -- between the
19 upper scapulas, between the scapula and the upper part of the
20 scapula, but she also demonstrated numbness, as well.

21 Q So what did that indicate to you?

22 A That she had something neurologically going on.

23 Q Did it indicate to you that it was not caused by
24 compression on a cord as opposed to something metabolic?

25 A Did I know there was compression on the cord?

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Page 46

1 Q Yes.

2 A No, I did not.

3 Q I'm trying to figure out why you decided to wait to
4 see if it was metabolic instead of going ahead and starting
5 the emergency procedures while it was progressing with these
6 neurological deficits as you waited.

7 A Because there's other things that can cause it.

8 Q That's what I'm saying. What could have caused
9 this type of -- with this history with this child, with the
10 percussion, with the pain in the thoracic area, what would be
11 causing it just in the thoracic area?

12 A Could have transverse myelitis, could have
13 Guillain-Barre syndrome, could have extremely high potassium
14 or extremely low potassium, could have thyroid disorders,
15 could have a type of neural polymyositis.

16 Q But shouldn't a compression on the cord caused by a
17 physical injury be number one on your list based on the
18 history, the pain in the thoracic area of this child?

19 A I had no history of injury.

20 Q You had no history that she had been cheerleading?

21 A She had been cheerleading, but no history of
22 injury.

23 Q So did you feel that more probably than not that
24 you had a metabolic issue?

25 A Oh, no, sir. No, sir.

1 Q Well, why, if you -- what did you think was most
2 probable?

3 A That something was going on with her
4 neurologically.

5 Q Did you think, based on the history and the
6 physical examination, that more probably than not it was a
7 compression on the cord?

8 A Or the cord involved itself.

9 Q Did you note that the nursing notes said that the
10 pain was eight out of ten in the thoracic area?

11 A I've seen that in reviewing the nursing notes.

12 Q Do you agree with that?

13 A No, sir.

14 Q Okay.

15 A Eight out of ten?

16 Q Yeah.

17 A No, sir.

18 Q Well, how do you account for the discrepancy?

19 A I'm not sure.

20 Q Well, Dr. Wood says in the admit summary, "She has
21 been heavily involved in cheerleading practices and was not
22 absolutely sure that she did not have an acute injury, but
23 she cannot recall any falls or specific times." Do you agree
24 with that?

25 A There was no history of injury when I talked with

1 them.

2 Q But you did have the history that she had been
3 involved in cheerleading practice. Correct?

4 A I did. I did.

5 Q Anything about the trampoline?

6 A Didn't know anything about a trampoline.

7 Q Are you aware this had been going on for -- that
8 she had been having back pain for how long?

9 A Five days.

10 Q Okay. Let's go over -- all right. Let's see. Do
11 you have the record there?

12 A Yes, sir.

13 Q Page 1 is the admit sheet. Correct?

14 A Yes.

15 Q All right.

16 MR. SHOENFELT: For the record, I'm going to attach
17 this as an exhibit to the deposition. I'll mark it
18 as "Exhibit 2." This is, again, the certified copy
19 of the record from the hospital.

20 MR. GRUNER: How many pages is it?

21 MR. SHOENFELT: Thirty-six.

22 Q Okay. So "Exhibit 2" contains the certified copy
23 of the record received from the hospital's attorneys. Page 1
24 is the admit sheet. Do you have it? Oh, this is it. I'm
25 sorry. I've got it here.

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Page 49

1 A Yeah.

2 Q I got a little mixed up there. I've got it sitting
3 here. All right. That's the admit sheet. Correct?

4 A That's correct.

5 Q Let me see that.

6 A Yes, sir.

7 Q All right. So did you have anything to do with the
8 creation of any of this particular document?

9 A Of the face sheet?

10 Q Yes.

11 A No, sir.

12 Q Do you know what that "821/NA Coded" means?

13 A No, sir.

14 Q Do you know whose signature is on the front?

15 A No, sir.

16 Q Page 2, did you have anything to do with the
17 creation of that particular sheet?

18 A No, sir.

19 Q Page 3 is the short-stay summary of Dr. Wood. Did
20 you have anything to do with this sheet?

21 A No, sir.

22 Q Is there anything that you disagree with on this
23 page 3?

24 MS. HOSKINS: Object to the form.

25 A (Peruses document.) The only thing I would

Exhibit "1"

EXHIBIT A

1 disagree with is about the progression, like, the last three
2 lines of the history of present illness.

3 Q When you say she had a complete work-up and
4 everything was negative, that's not true, is it?

5 A That's correct. That's not true.

6 Q Is that what you told him?

7 A No, sir.

8 Q What did you actually tell him when you talked to
9 him?

10 A The first conversation?

11 Q Yes.

12 A That I had -- we discussed different things that
13 had taken place. I told him about the labs that were ordered
14 and that I couldn't get an MRI.

15 Q So basically, with your differential diagnosis of
16 some kind of physical injury as opposed to metabolic, after
17 you got the labs back you knew that it was a physical injury
18 that was compressing the cord. Correct?

19 A Not necessarily a physical injury, but cord
20 compression is on there for other reasons. It could be a
21 disc; it could be a tumor.

22 Q Well, that's a physical compression on the cord, is
23 it not?

24 A Yeah, but it's not an injury.

25 Q I just said there was a physical compression on the

1 A No, sir.

2 Q Okay. Did you ever consider making a neurosurgical
3 consult by telephone?

4 A Neurosurgery will not take a transfer without a
5 surgically-proven pathology.

6 Q What do you mean by "surgically proven"?

7 A Like, by imaging.

8 Q Oh, you mean, like, an imaging?

9 A Yes, sir.

10 Q So, again, the MRI was important. Correct?

11 A To get her -- to get her transferred. Yes, sir.

12 Q And you knew that from the beginning?

13 A I got the MRI ordered when I felt like I needed to.

14 Q No. But you knew from the beginning as soon as she
15 walked in the emergency room that --

16 A I knew she had something neurologically going on.

17 Q I know that, but let me finish my question. You
18 knew when she walked in that, in order to get her transferred
19 if there was -- if she needed surgery, you had to have an
20 MRI?

21 A That's correct.

22 MS. HOSKINS: Object to the form. She didn't walk
23 in.

24 MR. SHOENFELT: That's a good point.

25 Q Okay. You knew when she came in not neurologically

1 Q So you sat there for five minutes just
2 contemplating?

3 A I don't know if it was five minutes, but it was --
4 I didn't jump up out of the chair and go.

5 Q Okay. So what did you think was going to happen to
6 Jordan when you ordered the discharge?

7 A Can't tell you.

8 Q Well, that's something you should consider when
9 you're discharging a patient.

10 A Sure. Absolutely.

11 Q You would agree with that? I mean, like, wait
12 until I ask the question. That's something you should
13 consider when discharging a patient. Correct?

14 A That's correct.

15 Q Did you feel like she would have permanent
16 paralysis?

17 A I didn't know what was going to happen. I used bad
18 judgment for that short period of time there.

19 Q Now, after this, did you go to anyone in the
20 hospital and tell them that it's a bad policy not to be able
21 to order an MRI from the emergency room?

22 A Yes.

23 Q Who specifically did you talk to?

24 A Brady Dubois, the CEO at the time.

25 Q Brittany --

1 A Brady. I'm sorry.

2 Q Brady?

3 A Yes.

4 Q Okay. Where did you have this conversation with
5 him?

6 A Which one?

7 Q Okay. Well, let's -- the first one.

8 A I can't tell you --

9 MR. GRUNER: Let me enter an objection here. Just
10 in case I need this again as a result of
11 discussions taken during any type of quality
12 assurance peer review or committee meetings, they
13 are privileged pursuant to Louisiana law. So,
14 again, I will make an objection with respect to the
15 discussion of peer review and committee meetings.
16 If there's any discussions outside of that that
17 were just hallway or office discussions that were
18 not part of committees, I don't have an objection
19 to that.

20 Q Having said that, can you respond?

21 A I had one in a stairwell and I had one in his
22 office --

23 Q Okay. Well, --

24 A -- that were not -- that were not part of those
25 episodes.

1 Q Okay. Were there others that were part of those
2 episodes as referred to by counsel for the hospital?

3 A Were there other people with --

4 Q No.

5 A -- Brady and I, or during those episodes that he
6 objected to?

7 Q Well, I'll ask both of those questions. That's a
8 good question. Was this run -- I'll just ask this directly
9 instead of referring to the previous objection. Was this
10 discussed at committee hearings and quality control committee
11 hearings? And you can answer that "yes" or "no."

12 MR. GRUNER: I think you can answer "yes" or "no."
13 The specifics of the discussions and those sorts of
14 things are not discoverable.

15 A Yes.

16 Q When did those meetings take place?

17 A Afterward. I can't tell you what dates they were.

18 Q Now, how many were there, committee, control,
19 whatever he's saying is privileged? How many meetings were
20 there?

21 MR. GRUNER TO WITNESS: If you know.

22 A Discussed, two.

23 Q What specific meetings? I mean, was it the quality
24 assurance meeting, or what was the --

25 A Peer review. Peer review.

1 Q Peer review?

2 A Med exec.

3 Q Med exec?

4 A That's correct.

5 Q So it was one peer review and one med exec?

6 A And they were combined, yes.

7 Q Okay. Now, when was the -- you had a meeting in
8 the stairwell and you had one in his office. When did those
9 meetings take place?

10 A Afterwards.

11 Q I understand that. But which one was first?

12 A I believe the stairwell one was the first one.

13 Q Okay. And when was that?

14 A I can't tell you when. I have no idea.

15 Q Well, I mean, was it within a month of this
16 treatment on August 19th, 2014?

17 A There was one within a month.

18 Q Within a month?

19 A Yes.

20 Q In the stairwell?

21 A Yes.

22 Q Okay. Tell me what you told -- was his name Brady?

23 A That's correct.

24 Q What did you tell Brady?

25 A That we needed to be able to get MRIs in the

1 emergency department, that this is the 21st Century and that
2 there's emergent conditions that we need to be able to get
3 them.

4 Q I take it by that you felt that this was an
5 antiquated policy?

6 MR. GRUNER: Object to the form.

7 Q You can answer the question.

8 A The MRI machine is right down the hallway.

9 Q How far?

10 A Less than fifty yards.

11 Q Well, let's draw a little map.

12 A Oh, Lord!

13 MR. SHOENFELT: "Exhibit 8."

14 A This is the best of my ability. If I've got
15 different rooms wrong, then -- but it's the general location.

16 Q No, I understand. I know you're answering to the
17 best of your ability, Doctor.

18 A (Witness drawing.) Roughly, that's -- the
19 radiology department is right across the hallway from the
20 emergency department, and the MRI is going down the hallway
21 going towards ICU.

22 Q So the area from the emergency room to radiology is
23 how far?

24 A I'd say less than fifty yards.

25 Q Fifty yards? So if you really wanted to, you could

1 condition.

2 Q Okay. And did you say anything else specifically?

3 A That in 2015 you should be able to get an MRI if
4 you have it available, that there are conditions that only
5 MRI can diagnose, not CAT scan.

6 Q Well, can you order a CAT scan in the emergency
7 room?

8 A Yes. Yes.

9 Q What is the reason for the difference?

10 A They type of imaging.

11 Q I mean, they are both in the radiology department.

12 Correct?

13 A Uh-huh (yes).

14 Q So why do you have to be admitted for one and not
15 for the other?

16 A I can't answer that for you.

17 Q Is there any sense to that as far as you know?

18 A As far as me, personally?

19 Q Yeah.

20 A Absolutely not.

21 Q What is the reason as far as why the hospital does
22 it?

23 A The reason I was given, or do you want to ask them?

24 Q No. I want to ask you.

25 A I was told financial reimbursement.

1 Q Okay. Explain that to me.

2 A They said to get reimbursed on an MRI, they had to
3 precertify.

4 Q Precertify? What does that mean?

5 A It's to get permission from the insurance company.

6 Q So what does that have to do with admission?

7 A I have no idea.

8 Q Okay. Had you ever -- did you tell him
9 specifically this -- well, strike that. Did you tell him
10 that the outcome could have been different for Jordan if she
11 had had an earlier MRI?

12 A I did not tell him that her condition could have
13 been -- could have been different, that it was -- that I
14 needed to be able to get an MRI for her.

15 Q Okay. What did he say?

16 A That they couldn't do MRIs out of the ER.

17 Q But he didn't elaborate any further other than it
18 was a financial issue?

19 A It was a financial issue.

20 Q Did he discuss it -- did he say anything about the
21 effect it would have on health care? Was that a
22 consideration at all?

23 MR. GRUNER: During the stairwell?

24 MR. SHOENFELT: Yes. During the stairwell
25 conversation.

1 MR. GRUNER: And let me object to the form before.
2 I wasn't quite sure that you established that it
3 was Brady who told you about the financial issue in
4 that conversation.

5 WITNESS: He did. He did.

6 MR. GRUNER: I'm just making sure it's clarified.

7 A And the day that Jordan was there in my
8 conversation with Sherry, the radiology manager, and she said
9 it was because of reimbursement.

10 Q And that was at 9:07 when you decided --

11 A No. That would have been around 11 o'clockish.

12 Q Sherry -- what was her name again?

13 A I believe it's Burns, I believe.

14 Q Is she a health care provider?

15 A She's radiology department manager.

16 Q I mean, but does she --

17 A I'm sure she -- I'm sure she probably has a history
18 of rad tech. I don't know for sure.

19 Q And she told you at 11:00 that the reason that you
20 couldn't get the MRI was because of a financial issue?

21 A The reason why we can't do it in the emergency --
22 why they don't do them out of the emergency department.

23 Q Had there ever been any other complaints regarding
24 that, to your knowledge?

25 A That specific?

1 Q Yes.

2 A No.

3 Q All right. So is the policy still the same?

4 A If we were in the emergency department right now
5 and I tried to get an MRI?

6 Q Yes, sir.

7 A I think I would be met with some resistance.

8 Q Is there a written policy on this?

9 A I don't know.

10 Q Do you have written emergency room protocols?

11 A We do.

12 Q Who wrote those?

13 A I've never -- I've never seen a policy for an MRI
14 in the emergency department, but I cannot tell you that one
15 doesn't exist.

16 Q You've never seen an emergency room protocol --

17 A For the MRIs. That would be a radiology policy.

18 Q Okay. Have you ever looked at the radiology
19 protocol?

20 A No.

21 Q Have you ever looked at the emergency room
22 protocol?

23 A I've looked at some of them, yes.

24 Q I mean, didn't you write those?

25 A No.

1 A To come and get them?

2 Q Yes.

3 A I wouldn't say twenty seconds.

4 Q It doesn't take but a few minutes to come down
5 there and pick somebody up. Correct?

6 A That's as long as it takes to get it done.

7 Q Did you talk to Brady about policies of other
8 hospitals you've worked at?

9 A Yes.

10 Q I mean, when you were at St. Francis, --

11 A Yeah.

12 Q -- did they have that same policy?

13 A If you needed to get -- you had to talk to
14 radiology department about getting one.

15 Q I mean, was it --

16 A There was no button to push for an MRI.

17 MR. GRUNER: Are you talking about at St. Francis?

18 A No. At St. Francis Cabrini in Alexandria.

19 Q Yeah. St. Francis Cabrini.

20 A Yes.

21 Q Could you order an MRI from the emergency room?

22 A I had before, yes.

23 Q So that was back when?

24 A I was there from '97 to 2005.

25 Q So their policy was different from the one at North

1 Monroe -- North Louisiana Medical Center. Correct?

2 MR. GRUNER: Object to the form of the question.

3 A I was able to get an MRI in Alexandria.

4 Q And you could get it done quickly?

5 A Relatively quickly.

6 Q Well, I mean, when you said something about "This
7 is 2015; you should be able to get an MRI done," --

8 A Uh-huh (yes).

9 Q -- what did you mean by that?

10 A That I could order an MRI and it would get done.

11 Q You think that's required for proper health care in
12 the emergency room. Correct?

13 A Yes, sir.

14 Q And when you told Brady that, he said, "Well, it's
15 a financial consideration"?

16 A He started explaining the reason why.

17 Q How long did that conversation last?

18 A Five minutes.

19 Q When is the next time you saw him?

20 A It was much later. It was in his office.

21 Q Okay. Tell me when that -- what happened then?

22 A We work different -- some of the things, like,
23 there weren't enough techs. They weren't able to do twenty-
24 four/seven MRI.

25 (OFF RECORD TALKING.)

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1 trained on CT and did some limited MRI. And she knew how
2 upset I had been about this and she offered to come and sit
3 and watch them do -- retrain on some MRIs and to offer her
4 services uncompensated to be on call as long as I wasn't
5 working to come help out the ER.

6 Q How long have you been upset about it?

7 A Since that day.

8 Q Since August 2014. Correct?

9 A Absolutely. Absolutely.

10 Q Because you knew the delay shouldn't have occurred?

11 A I was upset with the system, the very things that
12 we're talking about.

13 Q Okay.

14 A I have anxiety before every shift.

15 Q You mean, since that time?

16 A Oh, absolutely.

17 Q And why is that?

18 A Because I'm afraid another Jordan Scott is going to
19 come in the door.

20 Q Did you tell Brady all this?

21 A Oh, yeah.

22 Q And what did he say?

23 A He sympathized and said it affected him, too,
24 because his child is in the same grade and he has to see them
25 at school and -

1 Q But he still wouldn't change the policy?

2 A Never gave in, no. And then, I was told something
3 about the radiologists on after hours has to pay for a
4 virtual radiology reading and it's not in the contract to be
5 reimbursed for that, and the radiologists would be out three
6 hundred and fifty dollars (\$350) for every MRI that was read
7 not by them.

8 Q Not by who?

9 A By the radiologists. Like, if they had to use an
10 off-site, off-hours radiology service.

11 Q Was that in the second meeting?

12 A That was actually kind of in a follow-up after my
13 wife, but that was just in passing he was trying to explain.
14 There was a third one.

15 Q A third meeting?

16 A Yes.

17 Q Okay.

18 MR. SHOENFELT: Let me call this other court
19 reporter and see if we can get somebody.

20 COURT REPORTER: Yeah. I haven't heard back from
21 the one who lives here, so she must be busy.

22 MR. SHOENFELT: I really want to finish this now.

23 (OFF RECORD.)

24 EXAMINATION BY MR. SHOENFELT, continuing:

25 Q All right. My last question was -- oh. I think

1 came out of peer review, they are privileged.

2 Q Was that in peer review or did you discuss it
3 outside of peer review?

4 A Both.

5 Q Okay. Well, good. Tell me what -- tell me what
6 you discerned from that issue. Did you talk -- strike that.
7 Did you talk to Brady about that, also?

8 A Yes.

9 Q And what did he say?

10 A It was financial implications.

11 Q Like what?

12 A Reimbursement.

13 Q And how would that affect reimbursement?

14 A They have -- a lot of insurance companies will not
15 reimburse for non-precertified MRIs.

16 Q So part of the time that was the two and a half
17 hours was while the hospital was precertifying the --

18 A I don't know that.

19 MR. SHOENFELT: For the record, the court reporter,
20 although we don't want her to go and we're not
21 agreeing that she's going, but she has to go.

22 Correct?

23 COURT REPORTER: I have to go.

24 MR. SHOENFELT: She has to go.

25 COURT REPORTER: I have to go. I can't find

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James P. Taylor, M.D.
February 25, 2016

20

1 A. He said that he could not do an MRI in the
2 emergency department.

3 Q. Did he tell you who he spoke with?

4 A. He did not. I asked him to call MRI, but I
5 don't know if that's who he called.

6 Q. Okay. How long after your initial
7 conversation with Ron do you believe he told you
8 that?

9 A. Twenty, thirty minutes, maybe.

10 Q. I took your earlier testimony that once Ron
11 told you that, that you then got on the phone. Is
12 that correct?

13 A. No, in person with Sandy Goss.

14 Q. Okay. So Sandy was the next person you
15 talked to?

16 A. Yeah. Sandy was around at that time. I
17 think she was familiar with at least Jordan's mom.
18 I believe they knew each other or knew of each
19 other.

20 Q. Okay. And what did you tell Sandy at that
21 time?

22 A. I was frustrated that they said they
23 wouldn't do an MRI and she said, well, they're not
24 going to do one in the emergency department. And I
25 said, would you please go talk to somebody and I

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James P. Taylor, M.D.
February 25, 2016

21

1 need an MRI.

2 Q. Okay. What did Sandy do then? Do you
3 know?

4 A. I assumed that she went and talked to them
5 and came back and later told me that they don't do
6 ER MRIs.

7 Q. Do you know who Sandy spoke with?

8 A. I do not.

9 Q. How long after Ron told you that he had
10 spoken with somebody in radiology did you talk to
11 Sandy?

12 A. Not very long after.

13 Q. Okay. But you don't know who Ron or Sandy
14 spoke with?

15 A. No.

16 Q. Your next action then to get the MRI was to
17 call Sheri?

18 A. I walked over there.

19 Q. You walked over and talked to her in
20 person?

21 A. I walked to her office, right. She was
22 actually out in the hallway.

23 Q. Again, what specifically did you tell Sheri
24 at that time?

25 A. That I needed to get an MRI.

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James P. Taylor, M.D.
February 25, 2016

22

1 Q. Did you tell her it was emergent?

2 A. I needed an MRI in the emergency
3 department.

4 Q. Did you tell her --

5 A. Did I use the word "emergent"?

6 Q. Yeah.

7 A. I did not use the word "emergent."

8 Q. Did you tell her specifically what the
9 nature of Jordan's neurological deficit was?

10 A. Yeah, it was something with her spine.

11 Q. What did she say?

12 A. We don't do emergency -- we can't do MRIs
13 in the emergency department -- through the emergency
14 department.

15 Q. After that conversation with Sheri, about
16 what time frame are we talking -- well, strike that.
17 What was the time frame that you spoke with Sheri,
18 if you recall?

19 A. It was not long. It was enough time for me
20 to leave her office to say I'm going to admit her to
21 get an MRI and for me to walk up to administration
22 to go and try to find Brady and talk to him, but he
23 was out. So I came back and just called Jake Wood
24 to do it.

25 Q. So --

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February 25, 2016

26

1 Q. Okay. Subsequent to this case, have you
2 ever attempted to order an MRI out of the emergency
3 department?

4 A. Yes.

5 Q. And were you successful in getting that MRI
6 accomplished?

7 A. Yeah, there was one time.

8 Q. Okay. What type of case was that?

9 A. It was immediately after peer review. In
10 urgent care, there was somebody there with lower
11 back pain, with weakness in their legs and they
12 called from urgent care -- Quickcare, that was the
13 particular urgent care, called Dr. Blair to discuss
14 it with him, and he told them to have the patient
15 come to the ER for me to see.

16 Q. And was it your order for the MRI that was
17 accomplished or Dr. Blair's order?

18 A. No, it was me. I became a disruptive
19 physician that day because of what I had been
20 through, and I went all the way to the CEO.
21 Dr. Blair knew I was unhappy back then.

22 Q. All right. Any other attempts to order an
23 MRI out of the emergency department?

24 A. The only other time -- that I had tried to
25 order an MRI? No. There was a -- since that time,

STATE OF LOUISIANA
PATIENT COMPENSATION FUND
MEDICAL REVIEW PANEL PROCEEDING

GREGORY SCOTT AND MICHELLE
SCOTT, INDIVIDUALLY AND ON
BEHALF OF THE MINOR, JORDAN
SCOTT, AS THE PARENTS AND
TUTORS OF JORDAN SCOTT

VERSUS

PCF NO. 2015-00923

JACOB WOOD, M.D.,
THE GREEN CLINIC,
NORTHERN LOUISIANA MEDICAL CENTER
AND JAMES TAYLOR, M.D.

DEPOSITION OF
SHERI GARRETT BURNS

May 12, 2016

(commencing at 1:01 p.m.)

Taken at:

Northern Louisiana Medical Center
401 East Vaughn Avenue
Ruston, Louisiana 71270

Reported By:

WANDA J. EADY
CERTIFIED COURT REPORTER
CERTIFICATE NO. 87255
PARISH OF OUACHITA
STATE OF LOUISIANA

EXHIBIT

3

Page 2

1 APPEARANCES:
2
3 FOR GREGORY SCOTT AND MICHELLE SCOTT,
4 INDIVIDUALLY AND ON BEHALF OF THE MINOR,
5 JORDAN SCOTT, AS THE PARENTS AND TUTORS
6 OF JORDAN SCOTT:
7 OSCAR L. SHOENFELT, III
8 ATTORNEY-AT-LAW
9 2109 Perdido Road
10 Baton Rouge, Louisiana 70808
11
12 FOR NORTHERN LOUISIANA MEDICAL CENTER:
13
14 BLUE WILLIAMS
15 3421 North Causeway Boulevard,
16 No. 900
17 Metairie, Louisiana 70002
18 appearing herein by and through
19 Mr. Kurt S. Blankenship
20
21 FOR JACOB M. WOOD, M.D.:
22 HUDSON, POTTS & BERNSTEIN
23 Post Office Drawer 3008
24 Monroe, Louisiana 71210-3008
25 appearing herein by and through
Ms. Sara White on behalf of
Mr. Gordon L. James
VIA
TELEPHONE: FOR JAMES PATRICK TAYLOR, M.D.:
DEGAN, BLANCHARD & NASH
400 Poydras Street, Suite 2600
New Orleans, Louisiana 70130
appearing herein by and through
Ms. Maryann Hoskins
ALSO PRESENT: Susan White, Risk Manager

Page 4

1 SHERI GARRETT BURNS, being first duly sworn, testified
2 as follows:
3 EXAMINATION BY MR. SHOENFELT:
4 Q Would you please state your full name for the
5 record?
6 A Sheri Garrett Burns.
7 Q And give me your address, please.
8 A Home address?
9 Q Yeah. That would be good.
10 A 996 Long Straw Road, Choudrant, Louisiana.
11 Q How do you spell that?
12 A C-H-O-U-D-R-A-N-T.
13 Q I was wondering how you pronounced that.
14 MR. SHOENFELT: So I'm going to ask you some
15 questions today. This is called a deposition.
16 Have you ever taken a deposition?
17 WITNESS: I have not.
18 MR. SHOENFELT: Okay. If you don't understand any
19 question, just ask me to repeat it and I'll be
20 happy to do so. But if you do answer, I will
21 assume you understand it. Does that sound fair?
22 WITNESS: Yes.
23 Q Can you give me your occupation?
24 A I am the director of radiology.
25 Q At Northern -

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1 INDEX OF EXHIBITS
2 Exhibit 1 Page 1 of MRI List 12
3 Exhibit 2 Page 2 of MRI List 12
4
5 *****
6
7 STIPULATIONS
8 This deposition is taken for use before the Medical
9 Review Panel, pursuant to the Louisiana Code of Civil
10 Procedure, and may be used for all purposes and in any manner
11 consistent therewith. All objections except as to the form
12 of the question and responsiveness of the answer are
13 reserved.
14
15 *****
16
17 The witness, SHERI GARRETT BURNS, was advised of her
18 right to read and sign this deposition, and she elected to
19 exercise that right.
20
21 *****
22
23
24
25

Page 5

1 A Northern Louisiana Medical Center.
2 Q And what does that encompass?
3 A I manage the radiology department and all of the
4 techs that work for me.
5 Q Can you give me a rundown of your educational
6 background?
7 A I have a Bachelor of Science in radiologic
8 technology.
9 Q And where was that?
10 A From ULM, University of Louisiana at Monroe.
11 Q And what year did you obtain that?
12 A 1988.
13 Q And where did you go to high school?
14 A Bastrop High School.
15 Q The Rams. Correct?
16 A The mighty Rams.
17 Q All right. What year did you graduate?
18 A 1983.
19 Q What did you do from '83 to '88?
20 A I was in college.
21 Q In college? At ULM?
22 A Yes.
23 Q And after you got your B.S. in radiology, what did
24 you do?
25 A I worked at St. Francis Medical Center in Monroe

2 (Pages 2 to 5)

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Page 11	Page 13
<p>1 create them?</p> <p>2 A I did help create, and they are reviewed by my</p> <p>3 radiologist that's over the department.</p> <p>4 Q Who is that?</p> <p>5 A Steve Pate.</p> <p>6 Q He's an M.D.?</p> <p>7 A Yes.</p> <p>8 Q P-A-Y-T-E?</p> <p>9 A P-A-T-E.</p> <p>10 Q How long has he been at North Louisiana Medical</p> <p>11 Center?</p> <p>12 A He was here prior to me.</p> <p>13 Q Prior to 1999?</p> <p>14 A Yes.</p> <p>15 Q That's a long time.</p> <p>16 A (Affirmative nod.)</p> <p>17 Q Okay. So you report to the assistant CEO, but</p> <p>18 Steve Pate is the M.D. --</p> <p>19 A He's the medical director of radiology.</p> <p>20 Q So he's the medical director?</p> <p>21 A Correct.</p> <p>22 Q And you're the director?</p> <p>23 A Yes.</p> <p>24 Q So as a medical director, what does he do?</p> <p>25 A He oversees. He approves our policies and</p>	<p>1 MR. BLANKENSHIP: Two pages.</p> <p>2 MS. WHITE: I can text it to her or e-mail it to</p> <p>3 her.</p> <p>4 MR. BLANKENSHIP: Sara is offering to e-mail it.</p> <p>5 She's going to take a picture of it real quick and</p> <p>6 e-mail it to you.</p> <p>7 MS. HOSKINS: Okay. Thank you.</p> <p>8 (OFF RECORD DISCUSSION.)</p> <p>9 MR. SHOENFELT: Okay. For the record, I'm going to</p> <p>10 mark this as "Exhibit 1."</p> <p>11 Q And I guess -- this is two pages. Correct?</p> <p>12 A Yes.</p> <p>13 MR. SHOENFELT: So I'll mark the second page as</p> <p>14 "Exhibit 2."</p> <p>15 Q So --</p> <p>16 MR. BLANKENSHIP: And for the record, the original</p> <p>17 of this document had actual patient names on it.</p> <p>18 We have redacted those names, but left everything</p> <p>19 else.</p> <p>20 Q Okay. Sheri -- Sheri? --</p> <p>21 A Yes.</p> <p>22 Q All right. -- tell me about this "Exhibit 1" and</p> <p>23 "2."</p> <p>24 A I just pulled a list of -- I pulled by the order</p> <p>25 service, EOP. It stands for emergency outpatient. So I</p>
<p>1 procedures, too. He looks at those yearly. He participates</p> <p>2 in our radiation safety meetings.</p> <p>3 Q So does the -- what's that? -- the Joint</p> <p>4 Commission, ACAH, do they require a medical director, M.D.,</p> <p>5 or do you know?</p> <p>6 A I'm not sure. I don't know if that's a true</p> <p>7 requirement. We've always had a medical director over the</p> <p>8 department.</p> <p>9 Q You said he looks at the policies periodically. Is</p> <p>10 that correct?</p> <p>11 A Yes.</p> <p>12 Q Okay. What did you review in preparation for your</p> <p>13 deposition?</p> <p>14 A I reviewed Dr. Taylor's --</p> <p>15 MR. BLANKENSHIP: Deposition.</p> <p>16 A -- deposition, and I pulled the list of MRIs that</p> <p>17 had been done in the emergency room.</p> <p>18 Q Where is that?</p> <p>19 A (Proffers document.)</p> <p>20 MR. SHOENFELT: For the record, we're --</p> <p>21 MR. BLANKENSHIP TO MS. HOSKINS: Maryann, I'm</p> <p>22 sorry. I didn't think about faxing this to you.</p> <p>23 Maybe we could take a short break and send it to</p> <p>24 you.</p> <p>25 MS. HOSKINS: Just tell me, how many pages is it?</p>	<p>1 pulled all MRIs that were ordered from the emergency room.</p> <p>2 Q So you're saying where it says "HSV"?</p> <p>3 A Yes.</p> <p>4 Q What does that stand for?</p> <p>5 MR. BLANKENSHIP: EOP. He's asking what --</p> <p>6 A The EOP is for emergency outpatient.</p> <p>7 Q Emergency outpatient? Okay. So explain this to</p> <p>8 me, what this means.</p> <p>9 A This is just MRIs that were ordered from the</p> <p>10 emergency room, and I did it by date range that's listed at</p> <p>11 the top.</p> <p>12 Q Okay. According to this, this was a computer</p> <p>13 printout?</p> <p>14 A Yes.</p> <p>15 Q Okay. Where is this kept? In the radiology</p> <p>16 department or --</p> <p>17 MR. BLANKENSHIP: The physical computer or --</p> <p>18 Q Yeah. The physical computer.</p> <p>19 A The computer? Yes.</p> <p>20 Q Okay. And I assume it's part of the hospital</p> <p>21 computer system?</p> <p>22 A Yes.</p> <p>23 Q And what is it under, if you wanted to pull this</p> <p>24 up?</p> <p>25 A The report name is Statistics by Procedure.</p>

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1 Q Statistics by Procedure? I see. And how did you
2 narrow it down to the emergency room?
3 A Because I picked just those orders that originated
4 from EOP, emergency outpatient.
5 Q Okay. What is an emergency outpatient?
6 A A patient that is registered in the emergency -
7 being seen in the emergency room.
8 Q So would these be patients who were never admitted
9 to the hospital?
10 A Some of these could be.
11 Q Do you know when these studies would have been
12 ordered and when they would have been performed?
13 A The order date and perform date is the start date
14 to the left.
15 Q Okay. Where it says "start date." Well, the first
16 one, for example, on "Exhibit 1" says, "12-10-15." Correct?
17 A Correct.
18 Q That's the start date. That's when it would have
19 been ordered?
20 A Ordered and done.
21 Q Well, how long would it have taken to have been
22 completed? Do you know?
23 A Would be within that day. I mean, I would have to
24 pull specific exams to -
25 Q So it is your testimony that these were ordered in

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1 the emergency room. Correct?
2 A Correct.
3 Q Okay. How were they ordered?
4 A How were they ordered?
5 Q Yeah. I understand there is no button to order an
6 MRI.
7 A Well, the order is put into the computer system.
8 Q Order is put into computer. How do you put it in?
9 A You -
10 MR. BLANKENSHIP: He's asking how does a physician
11 put it in or order them?
12 A They go into HMS, pull up - I mean, do you want
13 step by step?
14 Q Yeah. I mean, there was some testimony earlier
15 about filling out some kind of outpatient sheet.
16 MR. BLANKENSHIP: Downtime form.
17 Q Downtime form. Is that what this is?
18 A Oh. Like, they do a written order, and then
19 somebody would take the written order and put it in the
20 computer.
21 Q Well, was that how these were done? Do you know?
22 A I don't know.
23 Q Okay. And all these are emergency room physicians,
24 Holly Kidd, -
25 A She is not. And that one has "106" beside it,

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1 which could be that they started out in the emergency room
2 and went to the floor. So on that particular one, I don't
3 know for sure if the order started in the ER or if it was
4 after they were admitted. But if it doesn't have a room
5 number, they were strictly an emergency room patient.
6 (OFF RECORD DISCUSSION.)
7 Q I'm going to get you - this is the exhibit.
8 A Okay.
9 Q I'm going to get you to mark some stuff. So why
10 don't you write on the exhibit, where it says "EOP," just
11 write out "emergency room -" whatever that -
12 MR. BLANKENSHIP: Emergency outpatient.
13 Q Emergency outpatient.
14 A (Complies.)
15 Q Okay. Then, you said as far as, if we're looking
16 at this, it says the procedure, which would be - is that
17 "MR"? Is that an MRI?
18 A Yes, sir.
19 Q Okay. "MR" is MRI. Ankle - is that without
20 contrast?
21 A Correct.
22 Q Okay. And then, it says "12-10-15" at the top of
23 "Exhibit 1." That's the start date. That would be the date
24 they would take it or order it?
25 A (Affirmative nod.)

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1 MR. BLANKENSHIP: Both.
2 A Both.
3 Q Both. Okay. Service, patient name was taken off.
4 Correct?
5 A Correct.
6 Q The patient number is there and it has an order,
7 order number and it says "300." Where would that order be?
8 A In the computer system.
9 Q In the computer system?
10 A And it's automatically assigned as orders are
11 entered, so that would have been the third order entered -
12 Q Oh, is that -
13 A - because it goes - it jumps by one hundred.
14 Q I see. Okay. For that day?
15 A For that visit.
16 Q For that visit for that patient?
17 A Correct.
18 Q What's "Location; Q/P"? Is that outpatient?
19 MR. BLANKENSHIP: I think it's O/P.
20 Q Is that outpatient?
21 A Outpatient. Correct.
22 Q Outpatient. And the ordering physician, and then
23 the family physician. Correct?
24 A Correct.
25 Q And what's the "ST tech"?

5 (Pages 14 to 17)

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<p>1 A The "ST" is the status, and the "tech" is the x-ray</p> <p>2 tech that performed the exam.</p> <p>3 Q So what does "F" mean, status F?</p> <p>4 A Final.</p> <p>5 Q Final? What does that mean?</p> <p>6 A That there is a final report.</p> <p>7 Q The report was run. What does "R" mean?</p> <p>8 A Resulted? I'm not familiar with the "R."</p> <p>9 Q And then, "Exhibit 1" is -- why is that a different</p> <p>10 page than "Exhibit 2"? Is this just different dates?</p> <p>11 A It's a different time range.</p> <p>12 Q Okay. All right. So would I be correct in saying</p> <p>13 that, in the year 2013, these would -- "Exhibit 2" would have</p> <p>14 all of the MRIs that would have been ordered in the emergency</p> <p>15 room?</p> <p>16 A Yes.</p> <p>17 Q So these are MRIs of the brain, cervical spine,</p> <p>18 hip, and then an MRA of the head. Is that the same as an</p> <p>19 MRI?</p> <p>20 A Well, it's MR angiography. It's looking at the</p> <p>21 vessels themselves.</p> <p>22 Q And then, on "Exhibit 2" for 2013, which of those</p> <p>23 physicians are actually ER physicians?</p> <p>24 A All but Sheila Mariano, Derek Liston, --</p> <p>25 Q Why don't you put an "X" by those, the ones that</p>	<p>1 Q What is this "Procedure total; 5," and it says</p> <p>2 "inpatient"? What does that mean? I'm talking about</p> <p>3 "Exhibit 1."</p> <p>4 A Five of these converted from an ER patient to an</p> <p>5 inpatient.</p> <p>6 Q Okay. So the study could have been ordered in the</p> <p>7 emergency room, and then it would have been performed when</p> <p>8 the patient was admitted?</p> <p>9 A I can't really say positively from this. It could</p> <p>10 have ordered in the ER or it could have ordered after they</p> <p>11 were inpatient.</p> <p>12 Q Now, and then on "Exhibit 1," it says, "Procedure</p> <p>13 total inpatient, 4; outpatient, 9."</p> <p>14 MR. BLANKENSHIP: I'm sorry. Where are you?</p> <p>15 MR. SHOENFELT: I'm on "Exhibit 2."</p> <p>16 Q How do those numbers come up? I don't -- it says</p> <p>17 "Inpatient, 4; outpatient, 9; industrial, 0; total, 13," I</p> <p>18 guess, procedure total thirteen?</p> <p>19 MR. BLANKENSHIP: Oh, okay. I see.</p> <p>20 A Correct.</p> <p>21 Q Patient count would be three inpatient, and</p> <p>22 outpatient seven. Correct?</p> <p>23 A Correct.</p> <p>24 Q So do you have an explanation as to -- there's been</p> <p>25 some testimony that there is a button in the emergency room</p>
Page 19	Page 21
<p>1 are not ER?</p> <p>2 A -- and Holly Kidd. (Complies.) Oh, wait. Liston</p> <p>3 is.</p> <p>4 MR. BLANKENSHIP: I was going to say isn't Dr.</p> <p>5 Liston an ER physician?</p> <p>6 WITNESS: He is.</p> <p>7 MR. BLANKENSHIP: Once you're finished, say out</p> <p>8 loud which ones you've marked as not ER physicians.</p> <p>9 A Sheila Mariano and Holly Kidd.</p> <p>10 Q Okay. Now, as far as "Exhibit 1," would I be</p> <p>11 correct in saying that this list would contain every MRI that</p> <p>12 was performed or ordered in the emergency room for the year</p> <p>13 2014 at North Louisiana Medical Center?</p> <p>14 A Yes.</p> <p>15 Q Okay. So there's one at, like, April 28th, it</p> <p>16 looks like; one June 1st; one June 22nd; one August 21st; and</p> <p>17 one September 18th. Is that correct? The MRA was</p> <p>18 September --</p> <p>19 A 18th.</p> <p>20 Q -- 18th.</p> <p>21 A Correct.</p> <p>22 Q And then, will you mark on "Exhibit 1" all the</p> <p>23 physicians that are not ER physicians?</p> <p>24 A Okay. Holly Kidd, Mark Blackwelder, Reagan Bonin.</p> <p>25 That's all.</p>	<p>1 that you can order a CT and an x-ray, but there's not a</p> <p>2 button where you can order an MRI.</p> <p>3 MR. BLANKENSHIP: In the computer.</p> <p>4 Q In the computer.</p> <p>5 A Yes. I understand.</p> <p>6 Q Are you aware of that?</p> <p>7 A I have been made aware of that.</p> <p>8 Q When?</p> <p>9 A I don't remember exactly when.</p> <p>10 Q I mean, -- okay. Was that recently or, I mean,</p> <p>11 what --</p> <p>12 A Yes.</p> <p>13 Q Recently? You mean, like, in the last week?</p> <p>14 A Like, in the last month or so.</p> <p>15 Q Last month or so? Okay. When did that come up?</p> <p>16 A Maybe when I was reviewing --</p> <p>17 MR. BLANKENSHIP: Dr. Taylor's?</p> <p>18 A -- Dr. Taylor's deposition.</p> <p>19 Q I mean, how did that -- how did you get that</p> <p>20 information? He doesn't say it in the deposition.</p> <p>21 A It said that there was nothing -- he couldn't order</p> <p>22 it from within the ED documentation system.</p> <p>23 Q And that's the first time you were aware that there</p> <p>24 was not a button to order an MRI on the computer?</p> <p>25 A Correct.</p>

6 (Pages 18 to 21)

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<p style="text-align: right;">Page 22</p> <p>1 MR. BLANKENSHIP: So we can be specific, the</p> <p>2 emergency department computer system.</p> <p>3 A The emergency.</p> <p>4 Q The emergency department.</p> <p>5 MR. BLANKENSHIP: Because there's a separate</p> <p>6 computer system --</p> <p>7 A Yes.</p> <p>8 Q <u>Well, can you order an MRI anywhere in the hospital</u></p> <p>9 <u>on the computer?</u></p> <p>10 A Yes.</p> <p>11 Q <u>Why is there a difference in the ER and the</u></p> <p>12 <u>hospital as to how you can order an MRI?</u></p> <p>13 A <u>Apparently, the MRI was not set up on the ED</u></p> <p>14 <u>system.</u></p> <p>15 Q <u>Okay. So it's set up everywhere except for in the</u></p> <p>16 <u>emergency room, -- is that correct? -- as far as your</u></p> <p>17 <u>knowledge?</u></p> <p>18 MR. BLANKENSHIP: As a computer button.</p> <p>19 Q As a computer button.</p> <p>20 A As a computer button? Apparently so.</p> <p>21 Q Apparently so? And what is the reason for that?</p> <p>22 What is the reason that the MRI is set up on the computer to</p> <p>23 order in every place in the hospital except for the ER?</p> <p>24 A I don't know.</p> <p>25 Q Did you discuss it with anyone?</p>	<p style="text-align: right;">Page 24</p> <p>1 Q Were you involved in any of these --</p> <p>2 A Not directly.</p> <p>3 Q I mean, do you remember any of them?</p> <p>4 A Not specifically, no.</p> <p>5 Q Do you remember specifically any time to your</p> <p>6 knowledge that an ER physician ordered an -- was able to</p> <p>7 order an MRI while in the emergency room, had the patient</p> <p>8 taken directly over to the MRI machine at North Louisiana</p> <p>9 Medical Center and had the MRI run?</p> <p>10 A Am I aware of --</p> <p>11 Q Yes.</p> <p>12 A Yes.</p> <p>13 MR. BLANKENSHIP: Are you aware of that happening?</p> <p>14 A Yes.</p> <p>15 Q Okay. In that instance, are there any written</p> <p>16 procedures or anything written down as to who should take the</p> <p>17 patient over there, how the MRI should be facilitated in any</p> <p>18 way?</p> <p>19 A No.</p> <p>20 Q As the director of the radiology department, how do</p> <p>21 you feel that should be effectuated when that order is made</p> <p>22 in the emergency room?</p> <p>23 A I don't understand.</p> <p>24 MR. BLANKENSHIP: Are you asking physically how it</p> <p>25 happens?</p>
<p style="text-align: right;">Page 23</p> <p>1 A I have not.</p> <p>2 Q I mean, you seem to hesitate. Did you get some</p> <p>3 information on it or --</p> <p>4 A Well, I mean, I just didn't -- I didn't realize</p> <p>5 that it wasn't set up in there.</p> <p>6 MR. BLANKENSHIP: And maybe she's hesitating</p> <p>7 because she discussed it with counsel.</p> <p>8 Q Did you discuss it with anyone other than counsel?</p> <p>9 A No.</p> <p>10 MR. BLANKENSHIP TO MS. HOSKINS: Maryann, did you</p> <p>11 get it?</p> <p>12 MS. HOSKINS: Yes, sir. Thank you.</p> <p>13 MR. BLANKENSHIP: Okay.</p> <p>14 Q Now, have you been involved at any time personally</p> <p>15 with any patients who have -- where an MRI has been ordered</p> <p>16 in the emergency room and the patient has been taken directly</p> <p>17 to the diagnostic center to have the MRI run from the</p> <p>18 emergency room at North Louisiana Medical Center?</p> <p>19 A Say that one more time. I didn't under- --</p> <p>20 MR. BLANKENSHIP: I'm going to object to the form.</p> <p>21 She may not understand what you mean "involved</p> <p>22 personally."</p> <p>23 Q Okay. I mean, do you have any -- I mean, you ran</p> <p>24 this "Exhibit 1" and "2." Correct?</p> <p>25 A Correct.</p>	<p style="text-align: right;">Page 25</p> <p>1 Q Yeah. I mean, who -- you're saying the order can't</p> <p>2 be put in the computer. Correct?</p> <p>3 MR. BLANKENSHIP: In the emergency room.</p> <p>4 A Oh, it is put in the computer.</p> <p>5 Q It's put in the computer by how if there is no</p> <p>6 button in the emergency room?</p> <p>7 A They go into the other computer system and put it</p> <p>8 in.</p> <p>9 Q Who is "they"?</p> <p>10 A I can't say for sure who is actually putting it in.</p> <p>11 Q Okay. I mean, you don't know who would put it in.</p> <p>12 The doctor couldn't put it in, or could he?</p> <p>13 A I know they do now.</p> <p>14 Q Well, when did that start?</p> <p>15 A I don't know when it started, but --</p> <p>16 Q Well, when did you become aware? You said now you</p> <p>17 are aware. When did you become aware?</p> <p>18 A Again, from when I was reading his, he said that he</p> <p>19 can now put it in, that he used to have to write it.</p> <p>20 Q Well, was there a change made at some point in time</p> <p>21 that you are aware of?</p> <p>22 A Not that I'm aware of, no.</p> <p>23 Q Okay. So I'm trying to figure out, like, for these</p> <p>24 exhibits, how these patients -- who took these patients over</p> <p>25 to radiology and had the test run?</p>

7 (Pages 22 to 25)
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1 A My technologists go to the emergency room and get
2 the patients and bring them back.
3 Q Okay. And you are aware of that happening before?
4 A Yes.
5 Q So if Jordan Scott on August 19th, 2014 was denied
6 an MRI based on any reason, including financial, that would
7 not have -- that would have been different treatment than
8 other patients had received?
9 MR. BLANKENSHIP: Object to the form.
10 A Can you repeat that again?
11 Q Yeah. You read Dr. Taylor's deposition. Correct?
12 A Correct.
13 Q Okay. Assuming that Jordan Scott was denied an MRI
14 being run in the emergency room at 9:07, that would have been
15 different from the way other patients have been treated at
16 North Louisiana Medical Center. Would that be correct?
17 MR. BLANKENSHIP: Same objection.
18 A To my knowledge, it was not denied.
19 Q I understand that. But I'm just saying, assuming
20 that what Dr. Taylor said to be true, she would have been
21 treated differently than other patients at North Louisiana
22 Medical Center. Correct?
23 MR. BLANKENSHIP: Same objection. (To witness):
24 You can answer, if you can.
25 A I really don't know how to answer that.

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1 Q I'm just -- assuming that what Dr. Taylor --
2 assuming. Okay? I can ask you, assuming that Dr. Taylor,
3 what he said was true, that she was denied or maybe his
4 request for an MRI because of money oriented or financial
5 reasons, that would have been different than other patients
6 who have been treated at North Louisiana Medical Center?
7 MR. BLANKENSHIP: Same objection.
8 A We don't even know financial stuff in radiology. I
9 mean, we have an order from a physician. They've got an
10 armband that they are registered, and we do what's on the
11 order. I mean, we don't even know financial stuff on a
12 patient.
13 Q I understand. But I'm just asking you --
14 MR. SHOENFELT TO COURT REPORTER: Can you read the
15 question back?
16 COURT REPORTER: I can play it back for you.
17 MR. SHOENFELT: Play it back.
18 Q In other words, you can respond to the question.
19 Okay?
20 A Okay.
21 MR. BLANKENSHIP: If you know the answer.
22 (OFF RECORD DISCUSSION.)
23 Q I'm going to ask it again. I want you to listen to
24 me, -- okay? --
25 A Okay.

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1 Q -- and try to answer the question, if you can. I
2 said, assuming what Dr. Taylor said in his deposition was
3 true, that Jordan Scott was denied an MRI in the emergency
4 room because of financial reasons, that would be different
5 than any other patient you know that's been treated at North
6 Louisiana Medical Center. You would agree with that?
7 MR. BLANKENSHIP: Object --
8 MS. HOSKINS: Object to the form. I don't think
9 that's exactly what Dr. Taylor said.
10 MR. BLANKENSHIP: And I join in the objection. (To
11 witness): But you can answer, Sheri, if you can.
12 A That would be different.
13 Q I mean, in other words, you are telling me that you
14 never know -- that you know of no requisite of a patient to
15 show any kind of financial ability to pay before an MRI is
16 run from -- ordered from the emergency room and run at North
17 Louisiana Medical Center?
18 A No.
19 Q You don't know of any. Correct?
20 A Correct.
21 Q Okay. So am I correct that you have no knowledge
22 of any necessity for a patient to be admitted before an MRI
23 or something can be ordered in the emergency room?
24 A No.
25 MS. HOSKINS: Pardon me. I didn't hear the answer.

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1 MR. BLANKENSHIP: "No," she said.
2 A No.
3 Q I take it no one has ever discussed that with you
4 at any point in time? No one from the hospital has ever
5 discussed with you that you need to get insurance
6 verification or some kind of ability to pay before a
7 diagnostic study can be run?
8 A No.
9 Q So, I mean, are you telling me that, if a patient
10 had an appointment to come get this study run, you don't
11 verify it with insurance?
12 A Not personally. That happens in the business
13 office in admissions. They don't get to me if all that is
14 not taken care of, whatever --
15 Q Well, how do you know that? You just testified you
16 didn't know anything about the financial ability to pay.
17 A Well, I don't personally. I know that -- how I
18 know is, occasionally we have had somebody on the schedule
19 that we don't do because of whatever reason, you know,
20 something in the business office.
21 Q Oh, really?
22 A It might be rescheduled, you know, if they weren't
23 precerted, but we have nothing to do with that process.
24 Q But you are aware of that. I mean, you --
25 MR. BLANKENSHIP: Let her finish her answer.

8 (Pages 26 to 29)
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<p>1 Q Go ahead.</p> <p>2 A I have nothing to do with that.</p> <p>3 Q That's not my --</p> <p>4 A I don't check it. I don't know about it.</p> <p>5 Q Well, your testimony is you were unaware of any</p> <p>6 kind of financial status of the patient, and now you are</p> <p>7 testifying you are aware that patients have been denied</p> <p>8 coverage if they are not precertified, -- is that correct? --</p> <p>9 or denied --</p> <p>10 MR. BLANKENSHIP: Object to the form.</p> <p>11 Q -- denied having the test done if they are not</p> <p>12 precertified?</p> <p>13 MR. BLANKENSHIP: Object to the form. That's not</p> <p>14 what she said.</p> <p>15 A I have no knowledge of their financial status when</p> <p>16 a patient comes to my department.</p> <p>17 Q But you are assuming that they've been precertified</p> <p>18 by the business office. Correct?</p> <p>19 A Yes, because I know that does take place. I just</p> <p>20 have nothing --</p> <p>21 Q You just know it takes place, but you don't know</p> <p>22 anything about it?</p> <p>23 A Correct.</p> <p>24 Q So what else do you know that you don't know</p> <p>25 anything about as far as they have to do -- what? -- get</p>	<p>1 patients at North Louisiana Medical Center?</p> <p>2 A Yes.</p> <p>3 Q To your knowledge, has anybody not been</p> <p>4 precertified that got an MRI at North Louisiana Medical</p> <p>5 Center?</p> <p>6 MR. BLANKENSHIP: Object to the form.</p> <p>7 A I have no knowledge.</p> <p>8 Q You have no knowledge one way or the other?</p> <p>9 A No, sir.</p> <p>10 Q You don't know if what happened with "Exhibit 1" or</p> <p>11 "Exhibit 2," if these patients who got these MRIs from the ER</p> <p>12 may have been precertified. Correct?</p> <p>13 A I have no idea.</p> <p>14 Q But you were assuming they all had been</p> <p>15 precertified. Correct?</p> <p>16 MR. BLANKENSHIP: Object to the form.</p> <p>17 A I don't know. I don't know their status as far as</p> <p>18 insurance or --</p> <p>19 MR. BLANKENSHIP: She's said that six or seven</p> <p>20 times.</p> <p>21 Q And how hands-on are you as far as, if an order</p> <p>22 comes through and you're saying a patient is in the ER that,</p> <p>23 according to your supervision, then radiology should come</p> <p>24 over and get the patient and take them directly to the</p> <p>25 diagnostic center. Is that correct?</p>
Page 31	Page 33
<p>1 precertified or --</p> <p>2 MR. BLANKENSHIP: Object to the form. (To</p> <p>3 witness): You can answer.</p> <p>4 A Most MRIs have to be precertified on an</p> <p>5 outpatient --</p> <p>6 Q Most of them?</p> <p>7 A I assume. Like I said, I don't -- I'm not involved</p> <p>8 in that process.</p> <p>9 Q So they may need to be precertified if they are in</p> <p>10 the ER. You don't really know, do you?</p> <p>11 A I don't think so in ER. I really don't know.</p> <p>12 Q You really don't know?</p> <p>13 A I don't know.</p> <p>14 Q Okay. I mean, there is a financial registration</p> <p>15 portion at the emergency room. You're aware of that?</p> <p>16 A I'm sure there is at some point.</p> <p>17 Q No one has ever talked to you about, "We want to</p> <p>18 make sure that these patients are certified so we can make</p> <p>19 sure that we get reimbursed for these MRIs"?</p> <p>20 A I've never had that conversation.</p> <p>21 Q Never had that? That would come from the business</p> <p>22 office?</p> <p>23 A Yes.</p> <p>24 Q Now, you said there were cases where people had to</p> <p>25 reschedule when they didn't get precertified, -- correct? --</p>	<p>1 A Correct.</p> <p>2 Q And you've seen that happen before?</p> <p>3 A Yes.</p> <p>4 Q And my question to you would be why didn't that</p> <p>5 happen on August 19th, 2014, when Dr. Taylor ordered an MRI</p> <p>6 for Jordan Scott?</p> <p>7 MR. BLANKENSHIP: Object to the form.</p> <p>8 Q Meaning, why didn't someone from radiology come</p> <p>9 over and take her immediately to get the MRI?</p> <p>10 A To my knowledge, as soon as we received the order,</p> <p>11 she was brought to MRI.</p> <p>12 Q Okay. Well, an order was made -- a written order</p> <p>13 was made at 12:35 and she wasn't in MRI until after 3</p> <p>14 o'clock. How do you explain that?</p> <p>15 MR. BLANKENSHIP: I don't think that's correct. I</p> <p>16 object to the form. It's, like, 2:30 or 2:40,</p> <p>17 something like that. It's in the record. Whatever</p> <p>18 the record says.</p> <p>19 Q It says to x-ray at 12: --</p> <p>20 MR. BLANKENSHIP: Those are different. That was</p> <p>21 the chest and the neck x-rays.</p> <p>22 Q Okay. Did you review the medical record?</p> <p>23 A I have not looked at the medical record.</p> <p>24 Q Is there any -- you just pulled up these charts.</p> <p>25 Correct?</p>

Page 38	Page 40
<p>1 believe. "Is she a health care provider?" "She's radiology 2 department manager." "I mean, but does she -- " "I'm sure 3 she -- I'm sure she probably has a history of rad tech. I 4 don't know for sure." "And she told you at 11:00 that the 5 reason you couldn't get the MRI was because of financial 6 issues?" "The reason we can't do it in the emergency -- why 7 they don't do them out of the emergency room." "You don't 8 recall any of that?" 9 A No, sir. 10 Q You don't have any knowledge of any financial 11 issues of getting MRIs out of the emergency room? 12 A No. 13 Q And you don't know why there's not an order button 14 in the emergency room for MRIs? 15 MR. BLANKENSHIP: In the emergency room computer 16 system? 17 Q In the emergency room computer. 18 A No. 19 Q I mean, can you think of any reason from a physical 20 or physiological point of view why a button couldn't be in 21 the emergency room for an MRI order? 22 A No. 23 Q Page 27, Dr. Taylor says, referring to another 24 instance, "The only other time that I tried to order an MRI 25 since that time, there was a female with headaches and visual</p>	<p>1 Q Never? Never come up. 2 A (Negative nod.) 3 Q Is that correct? 4 A Correct. 5 Q You never talked to Dr. Wood about it, about that 6 issue. Is that correct? 7 A No. That's correct. 8 Q Dr. Blair? 9 A No. 10 Q Do you know Dr. Blair? 11 A Yes. 12 Q You did see Dr. Blair there on August 19th, 2014. 13 Correct? 14 A Yes. He was physically in the department. 15 Q Was any other physician physically in the 16 department to your recollection? 17 A Not to my -- well, the radiologist was. 18 Q Did you go in and look at the MRI that was run on 19 Jordan Scott? 20 A I did. 21 Q What did you see? 22 A I'm not an MRI technologist, so I don't really -- I 23 can't interpret MRIs, but -- 24 Q Okay. Well, tell me what you recall the 25 conversation -- any conversations that took place in the</p>
Page 39	Page 41
<p>1 problems that had multiple negative CTs of her head that was 2 seen. I can't give you an age, nine-year-old or ten-year-old 3 or something like that, that was seeing a neuro 4 ophthalmologist in Shreveport and he had an order, an MRI 5 that was being done, scheduled for outpatient at 1:30 that 6 day, and her and her mother checked in because her headache 7 got worse. That physician called the hospital and wanted to 8 go ahead and do the MRI. On that particular one, I actually 9 talked to Sheri about that one because she was already 10 scheduled and stuff like that. The MRI was done." "You don't 11 recall that?" 12 A I don't recall that, no. 13 Q Well, are you saying that might have occurred, 14 didn't occur or you just don't recall? 15 MR. BLANKENSHIP: Object to the form. She already 16 answered. 17 A I don't recall it. 18 Q Have you ever received any electronic mail of any 19 type concerning whether MRIs can be run -- or ordered from 20 the emergency room at North Louisiana Medical Center? 21 MR. BLANKENSHIP: Object to the form. I think he's 22 talking about e-mails. 23 Q I'm talking about anything, e-mails, something 24 faxed, anything, any information. 25 A No.</p>	<p>1 radiology department concerning Jordan Scott between anybody. 2 A Well, the conversations were that, "We need to get 3 her out of here." 4 Q And that was between the radiologist and Dr. Blair. 5 Is that correct? 6 A Correct. 7 Q Anyone else? 8 A Not to my knowledge, no. 9 Q Okay. Dr. Taylor, page 21. I think this is the 10 second -- the telephone deposition. "Your next action to get 11 the MRI was to call Sheri?" Answer: "I walked over there." 12 "You walked over there and talked to her in person?" Dr. 13 Taylor: "I walked to her office, right. She was actually 14 out in the hallway." "Again, specifically, did you tell 15 Sheri at that time?" Answer: "Do I need to get an MRI?" 16 Question: "Did you tell her it was emergent?" "I need an 17 MRI in the emergency department." Question: "Did you tell 18 her?" "Did I use the word 'emergent'?" He says, "Yeah. I 19 did not use the word 'emergent.'" "Did you tell her 20 specifically what the nature of Jordan's neurological deficit 21 was?" Answer: "Yeah. It was something with her spine." Do 22 you recall any of that conversation? 23 A I do not. Do not recall speaking with him at all. 24 Q "What did she say?" Answer: "We don't do 25 emergencies. We can't do MRIs in the emergency department</p>

11 (Pages 38 to 41)

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<p style="text-align: right;">Page 42</p> <p>1 through the emergency department." You deny that</p> <p>2 conversation?</p> <p>3 A Yes. I deny that.</p> <p>4 Q But if that's true, Jordan Scott would have been</p> <p>5 treated different than any other patient you've ever known</p> <p>6 that would need an MRI at North Louisiana Medical Center.</p> <p>7 Correct?</p> <p>8 MR. BLANKENSHIP: Object to the form. (To</p> <p>9 witness): You can answer.</p> <p>10 A If she had been denied, that would be different.</p> <p>11 Yes.</p> <p>12 Q And you weren't aware of Dr. Taylor trying to talk</p> <p>13 to Brady on August 19th, 2014?</p> <p>14 A I am not aware.</p> <p>15 Q Did you see Brady on August 19th, 2014?</p> <p>16 A I do not remember.</p> <p>17 Q Did you ever talk to him about the care Jordan</p> <p>18 Scott received?</p> <p>19 A No, sir.</p> <p>20 Q Did you make any kind of -- did you give any kind</p> <p>21 of statements to anyone about anything that happened</p> <p>22 regarding Jordan Scott on August 19th, 2014?</p> <p>23 A No.</p> <p>24 Q And the first time that -- when is the first time</p> <p>25 you were aware there was a complaint filed or a lawsuit had</p>	<p style="text-align: right;">Page 44</p> <p>1 Q Page 18 of the 2016 record, there's a doctor's</p> <p>2 order for an MRI.</p> <p>3 MR. BLANKENSHIP: For Jordan Scott.</p> <p>4 Q How would that order in the emergency department</p> <p>5 get into the computer?</p> <p>6 A The nurse, M. Rhodes, put it in at 1430.</p> <p>7 MR. BLANKENSHIP: That was after she was on the</p> <p>8 floor.</p> <p>9 Q So why would that happen, if the order is at 12:35,</p> <p>10 but it's not put in until two hours later?</p> <p>11 A I'm assuming it's, whenever the patient gets to the</p> <p>12 floor, they put the inpatient orders in.</p> <p>13 Q So that's an inpatient order, in your opinion?</p> <p>14 A It's what it appears, yes, observation to peds for</p> <p>15 Dr. Wood, admission orders, --</p> <p>16 MR. BLANKENSHIP: It says "admission orders" on the</p> <p>17 bottom.</p> <p>18 Q Okay. Page 23, this is a chest x-ray. Can you</p> <p>19 tell me what time that was taken?</p> <p>20 MR. SHOENFELT: For the record, it's Jordan Scott's</p> <p>21 chest x-ray.</p> <p>22 MR. BLANKENSHIP: It's page 23, I would assume, of</p> <p>23 one of the versions, the 20- --</p> <p>24 MR. SHOENFELT: The 2016 record. That's what I'm</p> <p>25 using now.</p>
<p style="text-align: right;">Page 43</p> <p>1 been brought?</p> <p>2 A It was when I spoke with you (indicating Mr.</p> <p>3 Blankenship).</p> <p>4 Q That was just recently?</p> <p>5 MR. BLANKENSHIP: "You," being counsel, she means.</p> <p>6 A Counsel.</p> <p>7 Q You mean just recently?</p> <p>8 A Yes.</p> <p>9 Q Did you ever talk with -- were you called to give</p> <p>10 any kind of testimony of any nature in any hospital review</p> <p>11 committees or anything of that nature?</p> <p>12 A No.</p> <p>13 Q Did you ever talk to Sandy Goss about this?</p> <p>14 A No.</p> <p>15 Q Who do you deal with in the business office</p> <p>16 regarding precertification for diagnostic studies?</p> <p>17 A I do not deal with anyone.</p> <p>18 Q I mean, how do you know -- you don't have any idea</p> <p>19 if the patient has been precertified or not?</p> <p>20 A No.</p> <p>21 Q There's nothing in the computer to say that?</p> <p>22 A I don't know.</p> <p>23 Q Let's see. Let me get the right record here. Were</p> <p>24 you involved in the patient being transferred at all?</p> <p>25 A No, sir.</p>	<p style="text-align: right;">Page 45</p> <p>1 MR. BLANKENSHIP: The 2016.</p> <p>2 A The order date and time is 8-19 at 7:48 a.m. This</p> <p>3 does not show the exact time the x-ray was taken on this</p> <p>4 report.</p> <p>5 Q Is there something --</p> <p>6 A It was dictated at 8:49 a.m., so it was between</p> <p>7 those times.</p> <p>8 Q Okay. So would someone have taken Jordan Scott</p> <p>9 over to x-ray?</p> <p>10 A This was a single view chest, so -- it says</p> <p>11 "portable." They went to the emergency department and took</p> <p>12 the x-ray --</p> <p>13 Q So someone actually went from the --</p> <p>14 A -- with a portable unit.</p> <p>15 Q -- radiology department to take the x-ray at</p> <p>16 9 o'clock that morning. Correct?</p> <p>17 A It would have been before 9 o'clock because it was</p> <p>18 dictated at 8:49, so --</p> <p>19 Q Was it dictated on August 19th?</p> <p>20 A Yes. At the very bottom.</p> <p>21 Q Okay. So how would that -- that order would have</p> <p>22 got in the computer, put in the computer by the nurse --</p> <p>23 correct? -- in the ER?</p> <p>24 A I don't know who put it in.</p> <p>25 Q But they would have gone over there to do a</p>

12 (Pages 42 to 45)

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Page 1

STATE OF LOUISIANA
PATIENT COMPENSATION FUND
MEDICAL REVIEW PANEL PROCEEDING

* * * * *

GREGORY SCOTT AND MICHELLE
SCOTT, INDIVIDUALLY AND ON
BEHALF OF THE MINOR, JORDAN
SCOTT, AS THE PARENTS AND
TUTORS OF JORDAN SCOTT

VERSUS

PCF NO. 2015-00923

JACOB WOOD, M.D.,
THE GREEN CLINIC,
NORTHERN LOUISIANA MEDICAL CENTER
AND JAMES TAYLOR, M.D.

* * * * *

DEPOSITION OF
SANDRA THORNHILL GOSS

May 12, 2016

(commencing at 9:05 a.m.)

* * * * *

Taken at:

Northern Louisiana Medical Center
401 East Vaughn Avenue
Ruston, Louisiana 71270

* * * * *

Reported By:

WANDA J. EADY
CERTIFIED COURT REPORTER
CERTIFICATE NO. 87255
PARISH OF OUACHITA
STATE OF LOUISIANA

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<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 FOR GREGORY SCOTT AND MICHELLE SCOTT, INDIVIDUALLY AND ON BEHALF OF THE MINOR, JORDAN SCOTT, AS THE PARENTS AND TUTORS OF JORDAN SCOTT:</p> <p>4 OSCAR L. SHOENFELT, III ATTORNEY-AT-LAW 2109 Perkins Road Baton Rouge, Louisiana 70808</p> <p>5</p> <p>6</p> <p>7</p> <p>8 FOR NORTHERN LOUISIANA MEDICAL CENTER:</p> <p>9</p> <p>10 BLUE WILLIAMS 3421 North Causeway Boulevard, No. 900 Metairie, Louisiana 70002 appearing herein by and through Mr. Kurt S. Blankenship</p> <p>11</p> <p>12</p> <p>13</p> <p>14 FOR JACOB M. WOOD, M.D.: HUDSON, POTTS & BERNSTEIN Post Office Drawer 3008 Monroe, Louisiana 71210-3008 appearing herein by and through Ms. Sara White on behalf of Mr. Gordon L. James</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19 VIA</p> <p>20 TELEPHONE: FOR JAMES PATRICK TAYLOR, M.D.:</p> <p>21</p> <p>22 DEGAN, BLANCHARD & NASH 400 Poydras Street, Suite 2600 New Orleans, Louisiana 70130 appearing herein by and through Ms. Maryann Hoskins</p> <p>23</p> <p>24 ALSO PRESENT: Gregory Scott Susan White, Risk Manager</p> <p>25 *****</p>	<p style="text-align: right;">Page 4</p> <p>1 SANDRA THORNHILL GOSS, being first duly sworn, testified</p> <p>2 as follows:</p> <p>3 EXAMINATION BY MR. SHOENFELT:</p> <p>4 Q Would you please state your full name for the</p> <p>5 record?</p> <p>6 A Certainly. It's Sandra Thornhill Goss.</p> <p>7 MR. SHOENFELT: Ms. Goss, my name is Oscar</p> <p>8 Shoenfelt. I'm here today to ask you some</p> <p>9 questions. This is a deposition. Have you ever</p> <p>10 taken a deposition?</p> <p>11 WITNESS: No, sir.</p> <p>12 MR. SHOENFELT: Well, your attorney is going to</p> <p>13 advise you can read and sign after. I'm going to</p> <p>14 ask you a series of questions. If you don't</p> <p>15 understand any question, just ask me to repeat it</p> <p>16 and I'll be happy to do so. You understand that?</p> <p>17 WITNESS: I understand.</p> <p>18 Q Can you give me your address, please?</p> <p>19 A Yes. It's 106 Winwood Avenue, and that's here in</p> <p>20 Ruston.</p> <p>21 Q That's your residence. Is that correct?</p> <p>22 A That's correct.</p> <p>23 Q And you are, as I can tell by looking at your tag</p> <p>24 there, <u>Director of Emergency Services for North Louisiana</u></p> <p>25 <u>Medical Center</u>. Is that correct?</p>
<p style="text-align: right;">Page 3</p> <p>1 INDEX OF EXHIBITS</p> <p>2 Exhibit 1 Drawing 26</p> <p>3 Exhibit 2 Triage Assessment Recording 56</p> <p>4</p> <p>5 *****</p> <p>6</p> <p>7 STIPULATIONS</p> <p>8 This deposition is taken for use before the Medical</p> <p>9 Review Panel, pursuant to the Louisiana Code of Civil</p> <p>10 Procedure, and may be used for all purposes and in any manner</p> <p>11 consistent therewith. All objections except as to the form</p> <p>12 of the question and responsiveness of the answer are</p> <p>13 reserved.</p> <p>14</p> <p>15 *****</p> <p>16</p> <p>17 The witness, SANDRA THORNHILL GOSS, was advised of her</p> <p>18 right to read and sign this deposition, and she elected to</p> <p>19 exercise that right.</p> <p>20</p> <p>21 *****</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 5</p> <p>1 A Yes, sir.</p> <p>2 Q Tell me what that encompasses.</p> <p>3 A As the director, I am responsible for overseeing</p> <p>4 the day-to-day operations of the emergency room.</p> <p>5 Q And when you say "day-to-day operations," what does</p> <p>6 that mean exactly?</p> <p>7 A Staffing, budget, meetings.</p> <p>8 Q Who is your immediate superior?</p> <p>9 A The CNO, which is Ronnie Erson.</p> <p>10 Q Did you say he was the C --</p> <p>11 A CNO.</p> <p>12 Q What does "CNO" mean?</p> <p>13 A The Chief Nursing Officer.</p> <p>14 Q Is he a nurse?</p> <p>15 A He is.</p> <p>16 Q And who does he report to?</p> <p>17 A He reports to the CEO, which is Roy Finch.</p> <p>18 Q And how long has Mr. Finch been there -- or been</p> <p>19 here?</p> <p>20 A Just a few months.</p> <p>21 Q Okay. Who was his predecessor?</p> <p>22 A Brady Dubois.</p> <p>23 Q So it's Brady Dubois, and then Ronnie, and then</p> <p>24 you. Correct?</p> <p>25 A Correct. Now, Ronnie wasn't here at that time.</p>

2 (Pages 2 to 5)

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<p style="text-align: right;">Page 14</p> <p>1 policies?</p> <p>2 A Yes, sir.</p> <p>3 Q So when did Mr. -- is his name Dubois?</p> <p>4 A Dubois. Uh-huh (yes).</p> <p>5 Q Dubois?</p> <p>6 A Dubois.</p> <p>7 MR. BLANKENSHIP: Dubois.</p> <p>8 Q Dubois? When did Mr. Dubois begin to work at --</p> <p>9 A I don't --</p> <p>10 Q -- North Louisiana Medical Center?</p> <p>11 A I don't recall that.</p> <p>12 Q Okay. Well, was he there when you were in the</p> <p>13 education department?</p> <p>14 A No, sir.</p> <p>15 Q All right. So did he come while you were Director</p> <p>16 of Emergency Services?</p> <p>17 A I don't remember.</p> <p>18 Q You just know it was sometime -- you were in</p> <p>19 education up until 2009, so it was sometime after 2009?</p> <p>20 A I don't remember.</p> <p>21 Q Did you ever have a meeting with him?</p> <p>22 A Well, yes. I've met with him.</p> <p>23 Q I mean, your immediate boss was who again?</p> <p>24 A The CNO.</p> <p>25 Q The CNO?</p>	<p style="text-align: right;">Page 16</p> <p>1 A March the 1st of '16.</p> <p>2 Q Okay. So that was the second copy that was</p> <p>3 presented. Did you ever look at any records prior to those</p> <p>4 records --</p> <p>5 A No, sir.</p> <p>6 Q -- regarding this case?</p> <p>7 A No, sir.</p> <p>8 Q All right. So the only thing that you've reviewed</p> <p>9 in preparation for your deposition would be the emergency</p> <p>10 room record from August 19th, 2014?</p> <p>11 A If that's the date on the record, yes. I don't</p> <p>12 remember the date. Yes. It looks like August the 19th.</p> <p>13 Q Well, this case involves Jordan Scott. You are</p> <p>14 familiar with the case, I'm assuming?</p> <p>15 A Yes, sir.</p> <p>16 Q So what do you have besides the record there?</p> <p>17 A I have the policies.</p> <p>18 MR. BLANKENSHIP: The ones you requested.</p> <p>19 Q The ones I requested?</p> <p>20 A Yes, sir.</p> <p>21 Q All right. Are there any policies particular to</p> <p>22 the emergency room that you are aware of as to the ordering</p> <p>23 of diagnostic studies in the emergency room?</p> <p>24 MR. BLANKENSHIP: Any diagnostic studies?</p> <p>25 MR. SHOENFELT: Yes.</p>
<p style="text-align: right;">Page 15</p> <p>1 A Uh-huh (yes).</p> <p>2 Q Okay. You never had any kind of written materials</p> <p>3 as to the policies that you were to enforce in the emergency</p> <p>4 room other than just the regular ER policies?</p> <p>5 A Correct.</p> <p>6 MR. BLANKENSHIP: I'm going to object to the form.</p> <p>7 (To witness): But you can answer.</p> <p>8 Q Did you receive e-mails from Mr. Dubois at any</p> <p>9 time?</p> <p>10 A Yes. I have --</p> <p>11 Q What have you reviewed in preparation for your</p> <p>12 deposition?</p> <p>13 A The medical record and the policies.</p> <p>14 Q Did you review the -- which medical record? The</p> <p>15 new one or the one that was presented earlier?</p> <p>16 MR. BLANKENSHIP TO WITNESS: If you know.</p> <p>17 A I don't know.</p> <p>18 Q Okay. Well, how many pages is the one that you</p> <p>19 reviewed?</p> <p>20 A Are they numbered?</p> <p>21 MR. BLANKENSHIP: They're not numbered at the</p> <p>22 bottom?</p> <p>23 A Do you want me to count them?</p> <p>24 Q Well, let me ask you what date is the</p> <p>25 certification?</p>	<p style="text-align: right;">Page 17</p> <p>1 A In the emergency room?</p> <p>2 Q Yeah. You're the director of the emergency room.</p> <p>3 A I do not have policies relating to that.</p> <p>4 Q There's no policies?</p> <p>5 A (Negative nod.)</p> <p>6 Q So there's no written policies as to the ordering</p> <p>7 of studies in the emergency room that you are aware of, --</p> <p>8 A Not that I'm aware of, no.</p> <p>9 Q -- particularly on August 19th, 2014. Is that</p> <p>10 correct?</p> <p>11 A That is correct.</p> <p>12 Q Were there -- the only thing you reviewed in</p> <p>13 preparation for this deposition were the emergency room</p> <p>14 records -- or the policies that I asked for specifically, and</p> <p>15 also the record. Is that correct?</p> <p>16 A That is correct.</p> <p>17 Q You didn't review anything else?</p> <p>18 A No, sir.</p> <p>19 Q Did you talk to anyone else?</p> <p>20 MR. BLANKENSHIP: Excuse me. (To witness): And</p> <p>21 you reviewed Dr. Taylor's deposition.</p> <p>22 A Oh, yes.</p> <p>23 Q You reviewed Dr. Taylor's deposition?</p> <p>24 A Yes. Yes.</p> <p>25 Q Anything else you reviewed?</p>

5 (Pages 14 to 17)

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Page 42

1 an MRI in the emergency room and that the patient be taken
 2 directly to the MRI machine and have an MRI done at North
 3 Louisiana Medical Center?
 4 A I'm sorry. Can you repeat it? I --
 5 Q Do you know of any reason why a physician cannot
 6 order an MRI at the emergency room so that a patient who is
 7 neurologically impaired and timing is important could go
 8 directly to the MRI from the emergency room and have the
 9 study done while under the care of the emergency room
 10 physician at North Louisiana Medical Center?
 11 A I do not know.
 12 Q That issue has never arose since you have been
 13 Director of Emergency Services at North Louisiana Medical
 14 Center?
 15 MR. BLANKENSHIP: I'm going to object to the form.
 16 "Issue"? I'm not sure if she understands what you
 17 mean by that, but --
 18 Q Well, you do understand -- you read Dr. Taylor's
 19 deposition, didn't you?
 20 A Yes.
 21 Q Okay. He's saying that he wasn't allowed to order
 22 an MRI from the emergency room because the patient had to be
 23 admitted, and then cleared for insurance. Are you aware of
 24 any such policies?
 25 A No.

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1 MS. HOSKINS: Object to the form -- this is Maryann
 2 Hoskins -- just insofar as it characterizes Dr.
 3 Taylor's deposition testimony.
 4 MR. BLANKENSHIP TO WITNESS: Okay. I'm sorry. Did
 5 you answer?
 6 Q Well, let me ask you. Since you've been Director
 7 of Emergency Services at North Louisiana Medical Center, have
 8 physicians been able to order -- emergency room physicians
 9 been able to order MRIs in the emergency room and the patient
 10 be taken directly to the imaging center here to have those
 11 studies done?
 12 A Yes.
 13 Q Have you seen that happen?
 14 A I haven't seen it happen, but I know that it's
 15 happened. I mean, I know that they've ordered them.
 16 Q Well, how do you know that they've ordered them if
 17 you haven't --
 18 A I mean, I wasn't in the room. But I review records
 19 daily on different things, so I've seen MRIs being ordered.
 20 Q So you, as Director of Emergency Services, would
 21 agree that a physician should have the ability -- ER
 22 physicians should have the ability to order an MRI in the
 23 emergency room and have the patient taken directly over
 24 there, particularly if timing is important?
 25 A Yes.

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1 Q And you know of no other instance other than Jordan
 2 Scott where the ER physician has ordered an MRI, and then had
 3 to have the patient admitted in order to have the MRI
 4 performed?
 5 MR. BLANKENSHIP: Object to the form. (To
 6 witness): But you can answer.
 7 A I don't recall any other names, no.
 8 Q Was anything about whether she could get an MRI, --
 9 Jordan Scott get an MRI on August 19th, 2014, was that ever
 10 discussed by anyone with you --
 11 A No.
 12 Q -- on August 19th, 2014?
 13 A No, sir.
 14 Q So if Dr. -- assuming Dr. Taylor had come to you at
 15 9:07 a.m. and said, "I want to get an MRI immediately, this
 16 patient has neurological deficits; timing is important," what
 17 would you have done?
 18 A I would have went to my boss, and then up the chain
 19 of command.
 20 Q Up the chain of command? Why is that?
 21 A If he needed it done and he wasn't able to get it
 22 done, we would -- I would go outside to find somebody to talk
 23 to him.
 24 Q Well, couldn't you make it happen?
 25 A Absolutely not. I'm --

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1 Q Why?
 2 A Well, that -- I don't have the --
 3 MR. BLANKENSHIP: Let her finish her answer.
 4 MR. SHOENFELT: Okay.
 5 A I don't have the authority.
 6 Q You don't have the authority to do what?
 7 A To order a test. To make someone do a test. I
 8 don't have that authority.
 9 Q But Dr. Taylor was ordering -- assuming he was
 10 ordering the MRI, --
 11 A Okay.
 12 Q -- you don't have the facility or you don't have
 13 the authority as Director of Emergency Services to call
 14 radiology and say, "Hey, we need to get this test done as
 15 soon as possible; we've got a twelve-year-old girl here who
 16 is neurologically impaired; every second is important; we
 17 need to get the test done so we can see what the problem is?"
 18 You don't have that authority?
 19 MR. BLANKENSHIP: Object to the form. (To
 20 witness): But you can answer.
 21 A Yes. I could call radiology for that, yes.
 22 Q Okay. You do have that authority?
 23 A I can --
 24 MR. BLANKENSHIP: Object to the form. (To
 25 witness): You can answer.

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<p>1 A I can call radiology and say that the doctor has 2 requested or ordered this test. 3 Q And have you ever done that? 4 A Yes. 5 Q Well, tell me about that instance. What happened 6 in that particular case? 7 A I don't know the name, but a patient came in that 8 was needing an MRI of a hip, and the doctor ordered the MRI. 9 And I called radiology and said that the physician had 10 ordered the MRI. 11 Q All right. What happened? 12 A They did the MRI. 13 Q What? They took him directly from the emergency 14 room over to the radiology center and had the MRI done? 15 A Yes, sir. 16 Q And do you recall when that was? 17 A Several -- 18 MR. BLANKENSHIP: Go ahead. 19 A Several months ago. I don't know the exact date. 20 No, sir. 21 Q Several months ago? 22 A Uh-huh (yes). 23 Q Okay. It was not prior to August 19th, 2014. Is 24 that correct? 25 A No, sir.</p>	<p>1 center prior to August 19th, 2014? 2 A I don't know of any issues, no. 3 Q But you don't know of it ever happening? 4 A Correct. I don't know. 5 Q Is there any reason for that? 6 A Not to my knowledge, no. 7 Q Does that seem unusual to you? 8 MR. BLANKENSHIP: That she wouldn't know? 9 Q No. I mean, that -- so you've never heard -- 10 you've never seen a patient taken directly from the ER over 11 to imaging prior to August 19th, 2014? 12 A Not that I recall, no. 13 Q But you agree that the ER -- I mean, the physician 14 should have that capability to make that order and have the 15 patient taken directly over there? 16 A If it's -- if that's what they order, yes, sir. 17 Q Okay. Was there ever any discussions or any 18 procedures or policies that you were ever aware of regarding 19 the issue of ER physicians being able to order MRIs in the 20 emergency room at North Louisiana Medical Center after 21 August 19th, 2014? 22 MR. BLANKENSHIP: Ever any discussions after 23 August 19th? 24 Q Anything. Any discussions, any e-mails, any memos. 25 Anything that you are aware of where this was ever discussed</p>
Page 47	Page 49
<p>1 Q Prior to August 19th, 2014, had you ever done 2 that? Had you ever had an ER physician want to order an MRI 3 and had the patient taken directly over there? 4 A Not that I -- 5 MR. BLANKENSHIP: I object to the form. (To 6 witness): You can answer. 7 A Not that I recall, no. 8 Q To your knowledge, prior to August 19th, 2014, had 9 any patient ever been in the emergency room at North 10 Louisiana Medical Center and the ER physician ordered an MRI 11 and the patient was taken directly over to the imaging center 12 to have the MRI done? 13 A I don't know. 14 Q But your testimony is there was never an issue -- 15 was there ever an issue of that occurring before 16 August 19th, 2014? 17 MR. BLANKENSHIP: Object to the form. (To 18 witness): But you can answer. 19 A No. I mean, I don't know if there was an issue, 20 no. 21 Q You don't know of any issues? 22 A No, sir. 23 Q So you don't -- you are unaware of any ER physician 24 ever ordering an MRI at North Louisiana Medical Center where 25 the patient was taken directly from the ER to the imaging</p>	<p>1 with anyone in the ER or anyone at the hospital? 2 A Not that I'm aware of, no. 3 Q All right. So page 40 of Dr. Taylor's deposition 4 he states, quote, "...I guess it was two days later that I 5 wrote the addendum, I was asked to clarify because, by doing 6 the admission, it looked like there was a time gap where 7 nobody was doing anything and they wanted me to explain." 8 "Who asked you to do it?" Answer: "The hospital." 9 Question: "So the hospital was certainly aware of this 10 problem?" Answer: "Sandy Goss asked me to clarify." "Who 11 is Sandy Goss?" "She's the ED manager. Now, whether it came 12 from quality department or whoever, I don't know." Do you 13 deny that taking place, that conversation with Dr. Taylor? 14 A No, I don't deny that. 15 Q Why? 16 A Because -- 17 WITNESS TO MR. BLANKENSHIP: Can I answer that? 18 MR. BLANKENSHIP: Sure. 19 A Because she came back to the emergency room and, 20 when she comes from admission in the hospital back to our 21 care, she falls back under Dr. Taylor. And so, there was no 22 documentation from the time she came from MRI back into the 23 emergency room to the time of dispo, or us transferring to 24 LSU. 25 Q Okay. Run that by me again.</p>

<p style="text-align: right;">Page 54</p> <p>1 2014, had Jordan taken directly over there when he made 2 the -- or wanted to have the MRI done. Correct? 3 A Correct. 4 Q And do you have any idea, like, once he placed the 5 order in the record, why she couldn't be taken directly over 6 there? 7 A I don't know that answer. 8 Q Well, I think the order was actually placed in the 9 record after she was going to be admitted. Let's see. At 10 12:35 p.m. Do you know why, in a situation -- emergency 11 situation with a child with neurological deficits, why she 12 couldn't be taken directly to the imaging center at that 13 point in time? 14 MR. BLANKENSHIP: "At that point," being 12:35? 15 MR. SHOENFELT: Yes. 16 A These are admission orders, so it would have been 17 done when she was admitted to the hospital. 18 Q Okay. And you just think it's -- you think it's a 19 coincidence that Dr. Taylor went ahead and admitted her when 20 he ordered the MRI? 21 MR. BLANKENSHIP: Admit -- I mean, I'm going to 22 object to the form. (To witness): You can answer. 23 A I don't -- I don't know the reasoning behind Dr. 24 Taylor -- 25 Q You know of no reason that she couldn't have been</p>	<p style="text-align: right;">Page 56</p> <p>1 with neurological deficits could have had an MRI done -- 2 ordered in the emergency room and taken directly over to the 3 imaging center on August 19, 2014. Is that correct? 4 A That's correct. 5 Q Now, you do have some kind of financial 6 registration when a patient comes to the emergency room. 7 Correct? 8 A I'm sorry. I don't understand that. 9 Q I mean, that is part of your procedure to get 10 insurance information and that type of thing? 11 A Admissions does that. Yes, sir. 12 Q And the procedure says that "The emergency room 13 physician, provider or designee retains the right and 14 responsibility to perform a medical screening examine on 15 every patient presenting for emergency services, determine if 16 a life or limb-threatening situation exists unless the 17 private physician is in attendance at the time the patient 18 presents." Correct? 19 A Correct. 20 Q That's the policy that you understand? 21 A Yes, sir. 22 MR. SHOENFELT: For the record, I have -- 23 Q What is this chart? 24 MR. SHOENFELT: I made a copy of it. I'm going to 25 attach it as "Exhibit 2."</p>
<p style="text-align: right;">Page 55</p> <p>1 taken over there at any point in time from the emergency room 2 to the imaging center the morning of August 19th, 2014? 3 A I do not. 4 Q You don't know anything about any kind of policy 5 where that you had to have -- be admitted to the hospital to 6 have an MRI performed? 7 A No. 8 Q And you've never had any discussion with anyone at 9 the hospital regarding any issue with an MRI being ordered 10 from the emergency room? 11 A No. 12 Q Nothing in a -- have you ever had to clear 13 insurance with a patient before they had anything done at the 14 emergency room at North Louisiana Medical Center? 15 A No, sir. 16 Q You're not privy to any kind of discussions that 17 took place regarding reimbursement for MRIs run at North 18 Louisiana Medical Center? 19 A No, sir. 20 Q Is there any, to your knowledge, any policies -- 21 emergency room policies regarding what screening should be 22 done if a patient presents with a neurological deficit at the 23 emergency room? 24 A No, sir. 25 Q As far as you know, a patient such as Jordan Scott</p>	<p style="text-align: right;">Page 57</p> <p>1 A This is our triage assessment scoring that the 2 nurses provide to each patient they triage. 3 Q So what does it mean, "requires immediate life- 4 saving intervention"? It says "A," and then it says go to 5 No. 1. What does that mean? 6 A That means 1 is the level of triage, so Level 1 7 would be a lifesaving measure would be required. 8 Q Okay. And that would include the ability to order 9 diagnostic studies as soon as possible in the emergency room? 10 MR. BLANKENSHIP: Object to the form. (To 11 witness): You can answer. 12 A That would be the -- I'm sorry. 13 Q No. 1 is what? 14 A 1 means that's a level of triage. We have five 15 levels, a five-level triage system in the emergency room. It 16 goes from 1 for lifesaving to 5, meaning there's no resources 17 needed. 18 Q So what was Jordan Scott, based on your review of 19 the medical record? 20 MR. BLANKENSHIP: Object to the form. 21 A I don't recall that. 22 Q Can you look in the record and identify it for me? 23 A Uh-huh (yes). 24 MR. BLANKENSHIP: You're talking about the initial 25 triage?</p>

15 (Pages 54 to 57)

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<p style="text-align: right;">Page 70</p> <p>1 gotten MRIs from the emergency department?</p> <p>2 A Yes, ma'am.</p> <p>3 Q Okay. Have you spoken to Dr. Taylor about his</p> <p>4 deposition?</p> <p>5 A No, ma'am.</p> <p>6 Q Have you spoken to anybody else at the hospital</p> <p>7 regarding Dr. Taylor's deposition?</p> <p>8 A Just Susan White and Kurt.</p> <p>9 Q Okay. And I'm sure Kurt will keep you straight,</p> <p>10 but I don't want to know about anything that you discussed</p> <p>11 with him. Dr. Taylor testified that he -- there's no button</p> <p>12 for the emergency department physicians to check to order an</p> <p>13 MRI from the emergency department.</p> <p>14 MR. BLANKENSHIP: Are you talking about now or at</p> <p>15 that time?</p> <p>16 MS. HOSKINS: Thank you.</p> <p>17 Q At that time.</p> <p>18 A No, ma'am.</p> <p>19 Q Is that correct or, at that time was that correct?</p> <p>20 A That is correct. There is no button.</p> <p>21 Q Do you know why that was?</p> <p>22 A No, ma'am.</p> <p>23 Q So is there a check button for a physician to order</p> <p>24 a CT from the emergency room?</p> <p>25 A Yes, ma'am.</p>	<p style="text-align: right;">Page 72</p> <p>1 Q It's not a matter of remembering names. You just</p> <p>2 can't remember any time?</p> <p>3 A Right.</p> <p>4 Q Okay. Now, tell me about this button. That sounds</p> <p>5 interesting.</p> <p>6 A It's an -- he's talking about the order. On the</p> <p>7 computer screen, it's not an actual button you pick like a</p> <p>8 keyboard. It's on the screen. You check what boxes you want</p> <p>9 to order, and there's not an MRI button or check mark.</p> <p>10 Q Okay. Is there one now?</p> <p>11 A No, sir.</p> <p>12 Q Okay. There's never been an MRI button?</p> <p>13 A No, sir.</p> <p>14 Q Okay. And what's the reason for that?</p> <p>15 MR. BLANKENSHIP TO WITNESS: If you know.</p> <p>16 A I don't know.</p> <p>17 Q So I would be correct in saying you do treat</p> <p>18 patients that come in that need an MRI different from</p> <p>19 patients who come in and need a CT, for example?</p> <p>20 MR. BLANKENSHIP: Object to the form. (To</p> <p>21 witness): You can answer.</p> <p>22 A I mean, that's dependent upon what the physician</p> <p>23 orders.</p> <p>24 Q No. No, no. There's no button for an MRI.</p> <p>25 Correct?</p>
<p style="text-align: right;">Page 71</p> <p>1 Q If a physician wanted to order an MRI, how would he</p> <p>2 or she order it through the computer system?</p> <p>3 A He would have to go on the HMS side of the</p> <p>4 medical -- I'm sorry -- of the electronic system, or a</p> <p>5 handwritten paper order could have taken place.</p> <p>6 Q Okay. Did you ever speak to Mr. Dubois about</p> <p>7 whether he had conversations with Dr. Taylor regarding the</p> <p>8 ability to order an MRI from the ED?</p> <p>9 MR. BLANKENSHIP: You cut out, Maryann. We</p> <p>10 couldn't ask who you were asking. Dubois --</p> <p>11 MS. HOSKINS: I'm sorry.</p> <p>12 Q Dr. Taylor testified that he had several</p> <p>13 conversations with Brady Dubois regarding the ability for ED</p> <p>14 physicians to order an MRI from the ER. Did Mr. Dubois tell</p> <p>15 you about any conversations he had with Dr. Taylor?</p> <p>16 A No, ma'am.</p> <p>17 MS. HOSKINS: That is all I have.</p> <p>18 MR. SHOENFELT: I have a couple of follow-ups.</p> <p>19 REEXAMINATION BY MR. SHOENFELT:</p> <p>20 Q My recollection of your testimony was that, prior</p> <p>21 to August 19th, 2014, you could not think of any instances at</p> <p>22 all where a physician ordered an MRI from the emergency room</p> <p>23 and the patient was taken directly to the emergency room. Is</p> <p>24 that correct?</p> <p>25 A That's correct.</p>	<p style="text-align: right;">Page 73</p> <p>1 A Correct.</p> <p>2 Q There never has been. Will there ever be one?</p> <p>3 MR. BLANKENSHIP: Object to the form. (To</p> <p>4 witness): You can answer, if you know.</p> <p>5 A I don't know.</p> <p>6 Q Well, why -- you told me that you felt that it</p> <p>7 would be the appropriate standard of care for an emergency</p> <p>8 room to have the ability for a physician to order an MRI for</p> <p>9 a neurologically impaired patient and have them taken</p> <p>10 directly over there, but there's no button for it?</p> <p>11 A If the physician feels the need to order that,</p> <p>12 then, yes.</p> <p>13 Q The question was, but there's no button for it even</p> <p>14 though you feel that the physician should be able to order</p> <p>15 it. Correct?</p> <p>16 MR. BLANKENSHIP: Object to the form. (To</p> <p>17 witness): You can answer.</p> <p>18 A Correct.</p> <p>19 Q And why?</p> <p>20 A I can't answer that.</p> <p>21 Q Well, you're the Director of Emergency Services.</p> <p>22 That never peaked your curiosity?</p> <p>23 A But I'm not a physician, so I don't order -- I</p> <p>24 don't do the orders. So that's a physician --</p> <p>25 Q Well, you're director of the whole emergency</p>

<p style="text-align: right;">Page 74</p> <p>1 services, though. Correct?</p> <p>2 A Yes.</p> <p>3 Q You help physicians; you assist them?</p> <p>4 A Correct.</p> <p>5 Q Okay. So have you ever thought that they may want</p> <p>6 to order an MRI from the emergency room?</p> <p>7 A Yes.</p> <p>8 Q What did you do? Did you talk to anyone about that</p> <p>9 issue or follow up on it in any way?</p> <p>10 MR. BLANKENSHIP: "That issue," being the button</p> <p>11 issue?</p> <p>12 MR. SHOENFELT: Yeah.</p> <p>13 A No, sir.</p> <p>14 Q But there is a button for a CT?</p> <p>15 A Yes.</p> <p>16 Q And why is that?</p> <p>17 A I can't answer that.</p> <p>18 Q Could it be a financial reason, perhaps?</p> <p>19 MR. BLANKENSHIP: Object to the form. (To</p> <p>20 witness): You can answer.</p> <p>21 A Not that -- I don't know that answer.</p> <p>22 Q You don't know. But you've never discussed it with</p> <p>23 anybody --</p> <p>24 A No, sir.</p> <p>25 Q -- even though you think the proper standard of.</p>	<p style="text-align: right;">Page 76</p> <p>1 Q Are you going to do it now?</p> <p>2 MR. BLANKENSHIP: Object to the form. (To</p> <p>3 witness): Don't answer that.</p> <p>4 MR. SHOENFELT: On what grounds?</p> <p>5 MR. BLANKENSHIP: Possible remedial action, I</p> <p>6 guess.</p> <p>7 Q Okay. So now, tell me, can you order x-rays in the</p> <p>8 emergency room? Is there a button for that?</p> <p>9 A Yes, sir.</p> <p>10 Q How about an ultrasound?</p> <p>11 A Yes, sir.</p> <p>12 Q Any diagnostic studies that you can order -- that</p> <p>13 you know of that you can order in the emergency room there's</p> <p>14 a button for except the MRI?</p> <p>15 A I can't answer that. I don't know if there's any</p> <p>16 other buttons that aren't there.</p> <p>17 Q And I'm correct in saying, then, that there is</p> <p>18 disparity as far as that MRI screening process. If a</p> <p>19 physician wants to order that, it's not as easy as ordering a</p> <p>20 CT.</p> <p>21 MR. BLANKENSHIP: Object to the form.</p> <p>22 Q Would you agree with that?</p> <p>23 MR. BLANKENSHIP: Object to the form. Sorry.</p> <p>24 A He can order it.</p> <p>25 Q No, that's not my question. If you want to order</p>
<p style="text-align: right;">Page 75</p> <p>1 care would be for there to be -- a physician should be able</p> <p>2 to order an MRI in the emergency room. Correct?</p> <p>3 A Correct.</p> <p>4 Q So you don't intend to follow up on that</p> <p>5 whatsoever?</p> <p>6 MR. BLANKENSHIP: Object to the form. (To</p> <p>7 witness): You can answer.</p> <p>8 A No.</p> <p>9 Q Why?</p> <p>10 A Because that's a physician test.</p> <p>11 Q Well, you're a nurse. Correct?</p> <p>12 A I am.</p> <p>13 Q You don't ever help a physician when you think they</p> <p>14 are making an error or if they've made a misdiagnosis? You</p> <p>15 don't ever step in and say, "Well, Doctor, I think you should</p> <p>16 consider that."</p> <p>17 MR. BLANKENSHIP: Object to the form.</p> <p>18 Q Isn't that part of your duty as a nurse?</p> <p>19 A It is.</p> <p>20 MR. BLANKENSHIP: Object to the form.</p> <p>21 Q Shouldn't that be part of your duty as Director of</p> <p>22 Emergency Services? If you feel that the ER doctor should be</p> <p>23 able to order that MRI, shouldn't you follow up on that?</p> <p>24 MR. BLANKENSHIP: Object to the form.</p> <p>25 A Yes.</p>	<p style="text-align: right;">Page 77</p> <p>1 a -- a patient comes in and you want to order a CT, you push</p> <p>2 the button. Correct?</p> <p>3 A Correct.</p> <p>4 Q And what happens?</p> <p>5 A The CT is ordered.</p> <p>6 Q And is the patient taken over to the imaging</p> <p>7 center?</p> <p>8 A Yes.</p> <p>9 Q Directly from the ER?</p> <p>10 A Yes.</p> <p>11 Q And you've seen that happen?</p> <p>12 A Yes.</p> <p>13 Q But you've never seen an MRI ordered except one</p> <p>14 time that you can recall after August 19th, 2014. Correct?</p> <p>15 MR. BLANKENSHIP: Object to the form. (To</p> <p>16 witness): You can answer.</p> <p>17 A Correct.</p> <p>18 Q And that hasn't -- you haven't ever questioned</p> <p>19 anyone why that is?</p> <p>20 A No, sir.</p> <p>21 Q You've never heard any rumors it's because MRIs are</p> <p>22 expensive and there might be some issue about getting</p> <p>23 reimbursement unless they are cleared by insurance first?</p> <p>24 A No, sir.</p> <p>25 Q You wouldn't agree with that policy, would you?</p>

20 (Pages 74 to 77)

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Page 78

1 A Agree with the policy --
 2 MR. BLANKENSHIP: With such a policy.
 3 A Oh.
 4 Q Yeah. You wouldn't agree with such a financial
 5 policy, would you?
 6 A No.
 7 Q Now, tell me, if a patient wants to order an MRI,
 8 what is the -- is there a procedure for that?
 9 MR. BLANKENSHIP: You mean, if a physician, I
 10 assume?
 11 Q Yeah. A physician. All right. Let's just say,
 12 you know, Dr. Taylor wanted to order an MRI at 9:07. He
 13 couldn't push a button, could he?
 14 A No.
 15 Q Okay. Well, what would -- what's the procedure you
 16 have in place to make sure he knows how to get the MRI done?
 17 A The easiest is to write it on a downtime x-ray
 18 form, order the MRI, is the easiest.
 19 Q Okay. Well, I want to know what written policy you
 20 have so the physician will know how to do it.
 21 A I don't know of any such policy.
 22 Q Okay. Well, how does he know that that's the
 23 easiest way?
 24 A I don't know.
 25 Q Well, don't you think it would be good for the ER

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1 physicians to know that, --
 2 MR. BLANKENSHIP: Object to the form. (To
 3 witness): You can answer.
 4 Q -- as Director of Emergency Services?
 5 A They are instructed on our downtime procedures and
 6 that's considered a downtime paper form. They write on it
 7 and it goes to the perspective unit, whether it's lab or
 8 x-ray.
 9 Q It goes to the perspective unit. But you've never
 10 done that. Correct?
 11 MR. BLANKENSHIP: Personally?
 12 Q Yeah. You've never known it to happen. Is that
 13 correct?
 14 MR. BLANKENSHIP: That's a different question.
 15 Q Have you ever known that to happen?
 16 A For an MRI --
 17 Q Yeah.
 18 A -- or for anything?
 19 Q For an MRI to be written on this down thing and
 20 taken over there.
 21 A I can't recall of any.
 22 Q Now, what about when you arranged this hip thing?
 23 Is that what you did?
 24 A No.
 25 Q So why didn't you use the procedure that the

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1 physicians should use?
 2 A Because I'm not -- I can't order.
 3 Q Well, you could have told -- the doctor wanted to
 4 order the hip, you said, after August 19th, 2014.
 5 A Uh-huh (yes).
 6 Q What did you -- who was this anyway? What doctor?
 7 A I don't recall that.
 8 Q Well, what did you do? He had to come to you.
 9 Correct?
 10 A I was in the nurse's station again.
 11 Q But he didn't know the procedure, that he could
 12 have written on a down -- down -- what is it? The down
 13 paper?
 14 A It's called downtime, and it's just a piece of
 15 paper that has orders and you can write what you want on the
 16 paper.
 17 Q All right. Did you do that when the hip MRI was
 18 ordered?
 19 A No, sir.
 20 Q Well, why?
 21 A Because I'm not doing the ordering.
 22 Q Well, could you have told the doctor to do that? I
 23 mean, --
 24 A Yes.
 25 Q Did you?

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1 A I don't recall how the MRI was ordered that day. I
 2 don't know if he ordered it on downtime or on the other HMS
 3 system. I don't know.
 4 Q Well, shouldn't you have written policies as to how
 5 an MRI can be ordered?
 6 MR. BLANKENSHIP: Object to the form.
 7 A I don't have a policy pertaining to that, no, sir.
 8 Q And you've never -- I mean, have you told
 9 physicians that? There's -- what? -- five physicians that
 10 work in the ER primarily. Correct?
 11 A Yes, sir.
 12 Q Do they all know about this downtime ordering?
 13 A Yes, sir.
 14 Q Okay. Now, who takes the sheet over to imaging?
 15 A When we -- for instance, if they ordered an MRI, we
 16 would pick up the phone and call MRI and say, "We have a
 17 patient for a downtime procedure." They come and pick up the
 18 patient and the order because they have to have an order to
 19 do a procedure.
 20 Q Okay. But that's never been done, to your
 21 knowledge?
 22 MR. BLANKENSHIP: Object to the form.
 23 A For an MRI?
 24 Q Yes.
 25 A I can't specifically pinpoint a particular time,

Page 82	Page 84
<p>1 so, no, I can't answer that.</p> <p>2 Q So you do agree, on August 19, 2014, that Dr.</p> <p>3 Taylor could not push a button and order an MRI like every</p> <p>4 other diagnostic study. Correct?</p> <p>5 A Correct.</p> <p>6 Q What is the cost of an MRI?</p> <p>7 A I have no idea.</p> <p>8 Q What is the cost of a CT? Do you know?</p> <p>9 A I have no idea.</p> <p>10 Q Have you ever discussed that with anybody in the</p> <p>11 radiology department?</p> <p>12 A No, sir.</p> <p>13 Q There's no -- I'm assuming there's no policies you</p> <p>14 know of, standard protocol for a patient presenting with</p> <p>15 neurological deficits at the emergency room. Correct?</p> <p>16 A Correct.</p> <p>17 Q But if a patient, for example, presented with</p> <p>18 neurological symptoms that could be diagnosed with a CT, the</p> <p>19 doctor could readily order that with the button. Correct?</p> <p>20 A Correct.</p> <p>21 Q Or an x-ray, they could order. The same thing.</p> <p>22 Correct?</p> <p>23 A Correct.</p> <p>24 Q But the MRI, there's really no set procedure for</p> <p>25 that?</p>	<p>1 other?</p> <p>2 A I'm just not aware one way or the other.</p> <p>3 Q All right. And --</p> <p>4 MR. BLANKENSHIP: Okay. That's all I wanted to</p> <p>5 clarify.</p> <p>6 MR. SHOENFELT: No further questions. Thank you.</p> <p>7 COURT REPORTER: Read and sign?</p> <p>8 MR. BLANKENSHIP: Yes. And I want you to send it</p> <p>9 directly to her, please.</p> <p>10 COURT REPORTER: Okay.</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25 DEPOSITION CONCLUDED AT 11 A.M.</p>
Page 83	Page 85
<p>1 MR. BLANKENSHIP: Object to the form.</p> <p>2 Q Correct?</p> <p>3 A There's no button.</p> <p>4 Q There's no button, but there's no written procedure</p> <p>5 in place or any procedure that you know of?</p> <p>6 A Correct.</p> <p>7 Q And it's never been done, to your knowledge, using</p> <p>8 this procedure you said they can write on the down sheet?</p> <p>9 MR. BLANKENSHIP: Object to the form.</p> <p>10 Q Correct?</p> <p>11 WITNESS TO MR. BLANKENSHIP: I can answer?</p> <p>12 MR. BLANKENSHIP TO WITNESS: You can answer.</p> <p>13 Q Correct?</p> <p>14 A Correct.</p> <p>15 MR. SHOENFELT: That's all I have.</p> <p>16 MR. BLANKENSHIP: Just a follow-up on that issue,</p> <p>17 Ms. Goss.</p> <p>18 EXAMINATION BY MR. BLANKENSHIP:</p> <p>19 Q When you say you don't have any knowledge that</p> <p>20 "that" has been done, are you talking about whether a</p> <p>21 downtime form was used to order an MRI by any ER physician at</p> <p>22 any time?</p> <p>23 A Correct.</p> <p>24 Q Okay. Are you saying that you know for a fact that</p> <p>25 it's never happened or you're just not aware one way or the</p>	<p>1 CERTIFICATE</p> <p>2 I, WANDA J. EADY, Certified Court Reporter in and for</p> <p>3 the State of Louisiana, as the officer before whom this</p> <p>4 testimony was taken, do hereby certify that SANDRA THORNHILL</p> <p>5 GOSS, after having been duly sworn by me upon authority of</p> <p>6 R.S. 37:2554, did testify as hereinbefore set forth in the</p> <p>7 foregoing 84 pages; that this testimony was reported by me in</p> <p>8 the penwriter reporting method, was prepared and transcribed</p> <p>9 by me or under my personal direction and supervision, and is</p> <p>10 a true and correct transcript to the best of my ability and</p> <p>11 understanding; that the transcript has been prepared in</p> <p>12 compliance with transcript format guidelines required by</p> <p>13 statute or by rules of the board, and that I am informed</p> <p>14 about the complete arrangement, financial or otherwise, with</p> <p>15 the person or entity making arrangements for deposition</p> <p>16 services; that I have acted in compliance with the</p> <p>17 prohibition on contractual relationships, as defined by</p> <p>18 Louisiana Code of Civil Procedure Article 1434 and in rules</p> <p>19 and advisory opinions of the board; that I have no actual</p> <p>20 knowledge of any prohibited employment or contractual</p> <p>21 relationship, direct or indirect, between a court reporting</p> <p>22 firm and any party litigant in this matter nor is there any</p> <p>23 such relationship between myself and a party litigant in this</p> <p>24 matter. I am not related to counsel or to the parties herein</p> <p>25 nor am I otherwise interested in the outcome of this matter.</p>

22 (Pages 82 to 85)

b01c7bdf-906d-48b8-9df9-4529b35364dd

SERVICES, DIAGNOSTIC IMAGING


Diagnostic Imaging

At Northern Louisiana Medical Center, diagnostic imaging is used to create a graphic depiction of the structures and functions of the body's organs and other internal systems. These images are used to examine and diagnose certain medical conditions.

Our services:

- CT Scanner
- DEXA
- Digital Mammography
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Nuclear Medicine
- Ultrasound
- X-Ray




**Northern Louisiana
Medical Center**

NOW THE OFFICIAL IMAGING CENTER FOR



**LOUISIANA TECH
ATHLETICS**

6

Accreditation Frequently Asked Questions:

What should I know about radiation safety?

Before your imaging procedure, be sure to ask your physician the following questions:

- Why is the test needed?
- How will having the test improve my care?
- Are there alternatives that do not use radiation and deliver similar results?
- Is the facility accredited by the American College of Radiology (ACR)?
- Are pediatric and adult tests delivered using the appropriate radiation doses?

Why should I have my imaging exam done at an accredited facility?

When you see the gold seals of accreditation prominently displayed in our imaging facility, you can be sure that you are in a facility that meets standards for imaging quality and safety. Look for the ACR Gold Seals of Accreditation. To achieve the ACR Gold Standard of Accreditation, our facility's personnel qualifications, equipment requirements, quality assurance, and quality control procedures have gone through a rigorous review process and have met specific qualifications. It's important for patients to know that every aspect of the

Accreditation – American College of Radiology

 www.acr.org/quality-safety/accreditation

ESPN Yahoo

Exhibit "1"



MRI

The MRI Accreditation Program evaluates staff qualifications, quality control, MR safety policies and image quality. Accreditation is required for providers that bill for MRI under part B of the Medicare Physician Fee Schedule.

7

ACR Appropriateness Criteria® Overview

Prologue

In creating the ACR Appropriateness Criteria® (ACR AC), the ACR Task Force on Appropriateness Criteria incorporated attributes for developing acceptable medical practice guidelines used by the Agency for Healthcare Research and Quality (AHRQ) as designed by the Institute of Medicine. These attributes are:

Defining Appropriateness

The ACR has adopted the AQA's definition of appropriateness. "The concept of appropriateness, as applied to health care, balances risk and benefit of a treatment, test, or procedure in the context of available resources for an individual patient with specific characteristics. Appropriateness criteria provide guidance to supplement the clinician's judgment as to whether a patient is a reasonable candidate for the given treatment, test or procedure."¹

An assumption when assessing appropriateness is that the ordering health care provider has not yet determined whether a radiological procedure is clinically useful for the specific situation. The expert panel may recommend no radiological procedure as being appropriate for a specific clinical scenario. In those instances where more than one radiological procedure may be appropriate, the expert panel will provide additional guidance or clarification of the issues.

Rating Appropriateness

The ACR AC methodology is based on the RAND Appropriateness Method². The appropriateness ratings for each of the procedures or treatments included in the AC topics are determined using a modified Delphi method. A series of surveys are conducted to elicit each panelist's expert interpretation of the evidence, based on the available data, regarding the appropriateness of an imaging or therapeutic procedure for a specific clinical scenario. The expert panel members review the evidence presented and assess the risks or harms of doing the procedure balanced with the benefits of performing the procedure. The direct or indirect costs of a procedure are not considered as a risk or harm when determining appropriateness. When the evidence for a specific topic and variant is uncertain or incomplete, expert opinion may supplement the available evidence or may be the sole source for assessing the appropriateness.



Northern Louisiana Medical Center

SERVICES

PATIENTS

VISITORS

COMMUNITY

AI



PATIENTS, ADMISSIONS, PRECERTIFICATION

Precertification


Get ready. Get set.

It's all about preparation.

Completing paperwork before you arrive saves time and reduces stress at check-in.

CLICK HERE to Pre-Register Online.

Online pre-registration is available for all inpatient, outpatient services including diagnostic testing. You may pre-register online at least 3 business days in advance of your requested procedure date.



Northern Louisiana Medical Center

SERVICES

PATIENTS

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AB



PATIENTS, INSURANCE/ACCEPTED PLANS

Insurance Accepted Plans

Are you covered?

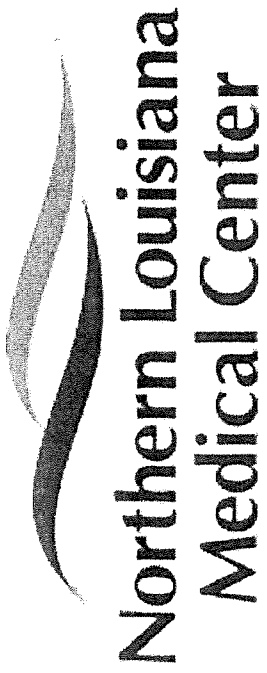
If you have insurance:

Northern Louisiana Medical Center accepts most major insurance providers. Contact our Financial Counselors if you have questions about our accepted providers.

If you don't have insurance:

No one will be denied necessary medical care due to lack of insurance or inability to pay. However, if you are uninsured you may be asked to pay a deposit when you're admitted or when you register for an outpatient procedure.

12



SERVICES

PATIENTS

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AE

Less Waiting

Less waiting where it matters most –
our emergency room.

LEARN MORE



EX-13

OEOR30 User: JRN
Sort report: by Sub-Department
Department: MRI Imaging
HSV: EOP Analyzer: *ALL
Procedures: *ALL
Physician #: *ALL

NORTHERN LOUISIANA MEDICAL CENTER
Statistics by Procedure - Patient listing
From 01/01/14 *ALL To 03/24/16 *ALL (CONTINUOUS)

Page: 1
Date: 3/24/16
Time: 16:08

Procedure	Qty	Start Dt	Service Dt	Patient Name	Patient #	Order #	HSV	Location	Ordering Physician	Family Physician	ST Tech	Anlz
MR-ANKLE WO CONTRAST	1	12/10/15			8453743	300	EOP	O/P	ALAM MOHAMMAD J MD	WILLIS MELINDA	F LLH	
MR-BRAIN W	1	1/09/16			8457736	1100	EOP	NUJE	KIDD HOLLY	TAMAKLOE MARTINA	F DLD	
MR-BRAIN WO	1	4/28/14			8367497	1300	EOP	NU3W	CALVERT EDWARD H M	BAINES JOHNATHAN	R LLH	
MR-BRAIN WO	1	6/01/14			8372538	700	EOP	O/P	ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F LLH	
MR-BRAIN WO	1	9/03/15			8439075	700	EOP	O/P	BLACKWELDER MARK A	BLACKWELDER MARK A	F DLD	
MR-BRAIN WO	1	1/05/16			8457235	1000	EOP	NUJW	TAYLOR JAMES PATRI	UNKNOWN PRIMARY CA	F DLD	
MR-BRAIN W	1	6/22/14			8375571	200	EOP	NUJE	ALAM MOHAMMAD J MD	THOMPSON DANIEL	F LLH	
MR-BRAIN W	1	9/18/14			8388181	900	EOP	O/P	ALAM MOHAMMAD J MD	BELUE JAMES M MD	F DLD	
MR-BRAIN W	1	6/30/15			8429526	1000	EOP	O/P	WHITE JACQUELYN K	GRIGSBY BENSON A M	F LLH	
MR-BRAIN W	1	8/12/15			8435872	800	EOP	O/P	BURTON BEAU	UNKNOWN PRIMARY CA	F LLH	
MR-BRAIN W	1	9/01/15			8438642	2000	EOP	NUJW	BONIN REAGAN	TAMAKLOE MARTINA	F LLH	
MR-BRAIN W	1	9/25/15			8442425	100	EOP	O/P	TAYLOR JAMES PATRI	MCGEEHEE DAVID W MD	F LLH	
MR-BRAIN W	1	10/05/15			8443948	200	EOP	O/P	COLEMAN THOMAS WIL	UNKNOWN PRIMARY CA	F LLH	
MR-BRAIN W	1	10/22/15			8446658	200	EOP	O/P	ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F DLD	
MR-BRAIN W	1	9/21/15			8441721	700	EOP	O/P	WALKER CHARLES	UNKNOWN PRIMARY CA	F LLH	
MR-CERV SPINE WO CON	1	9/21/15			8459335	300	EOP	O/P	NGUYEN HOA	UNKNOWN PRIMARY CA	F LLH	
MR-CERV SPINE WO CON	1	1/20/16			8384060	300	EOP	O/P	ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F LLH	
MR-LUMB SPINE WO CON	1	8/21/14			8416517	600	EOP	O/P	TAYLOR JAMES PATRI	UNKNOWN PRIMARY CA	F LLH	
MR-LUMB SPINE WO CON	1	4/02/15			8466313	900	EOP	O/P	ALAM MOHAMMAD J MD	BALLARD RICHARD I	F LLH	
MR-LUMB SPINE WO CON	1	3/05/16			8443948	300	EOP	O/P	COLEMAN THOMAS WIL	UNKNOWN PRIMARY CA	F LLH	
MR-ORBT-FAC-NCK W	1	10/05/15			8416517	500	EOP	O/P	TAYLOR JAMES PATRI	UNKNOWN PRIMARY CA	F LLH	
MR-ORBT-FAC-NCK W	1	4/02/15			8423653	1100	EOP	O/P	ALAM MOHAMMAD J MD	BLACKWELDER MARK A	F LLH	
MR-THOR SPINE WO CON	1	5/19/15			8388181	1000	EOP	O/P	ALAM MOHAMMAD J MD	BELUE JAMES M MD	F DLD	
MRA-THOR W-CONTRAST	1	9/18/14										
MRA-HEAD WO	1											

PROCEDURE TOTAL:	Inpatient	Outpatient	Industrial	Total
PATIENT COUNT:	5	18	0	23
	5	15	0	20

OEOR30 User: JADURNS
 Sort report: by Sub-Department
 Department : MRI Imaging
 HSV : EOP Analyzer : *ALL
 Procedures : *ALL
 Physician #: *ALL

NORTHERN LOUISIANA MEDICAL CENTER
 Statistics by Procedure - Patient Listing
 From 01/01/10 *ALL To 12/31/13 *ALL (CONTINUOUS)

Page: 1
 Date: 3/24/16
 Time: 16:10

Procedure	Qty	Start Dt	Service Dt	Patient Name	Patient#	Order#	HSV	Location	Ordering Physician	Family Physician	ST Tech	Anl
MR-BRAIN WO	1	1/04/13			8294172	1900	EOP	NU3W	-1	ALAM MOHAMMAD J MD	MARIANO SHEILA MAR	F LLH
MR-BRAIN WO	1	3/27/13			8307646	1600	EOP	O/P		AGARWAL KUSHAL MD	AGARWAL KUSHAL MD	F DLD
MR-BRAIN WO	1	5/01/13			8313389	1200	EOP	NU1W	-1	MARIANO SHEILA MAR	MARIANO EDWARD J M	F DLD
MR-BRAIN WW	1	3/01/13			8303476	200	EOP	O/P		ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F LLH
MR-BRAIN WW	1	6/30/13			8322616	700	EOP	O/P		ALAM MOHAMMAD J MD	TAMAKLOE SEDO E	F LLH
MR-BRAIN WW	1	12/09/13			8347305	1900	EOP	NU3W	-1	LITSON DEREK C	HARRIS BRYAN	F DLD
MR-BRAIN WW	1	12/30/13			8350438	1000	EOP	O/P		TAYLOR JAMES PATRI	UNKNOWN PRIMARY CA	F LLH
MR-CERV SPINE WO CON	1	5/29/13			8317759	700	EOP	O/P		EUGENE EDWIG MD	UNKNOWN PRIMARY CA	F LLH
MR-HIP WO CONTRAST	1	1/05/13			8294414	300	EOP	O/P		ALAM MOHAMMAD J MD	GRIGSBY BENSON A M	F LLH
MR-HIP WO CONTRAST	1	6/07/13			8319327	100	EOP	O/P		BELUE JAMES M MD	BELUE JAMES M MD	F LLH
MRA-HEAD WO	1	1/04/13			8294172	1500	EOP	NU3W	-1	KIDD HOLLY	MARIANO SHEILA MAR	F LLH
MRA-HEAD WO	1	3/01/13			8303476	300	EOP	O/P		ALAM MOHAMMAD J MD	UNKNOWN PRIMARY CA	F LLH
MRA-HEAD WO	1	3/27/13			8307646	1500	EOP	O/P		AGARWAL KUSHAL MD	AGARWAL KUSHAL MD	F DLD
										Total		
PROCEDURE TOTAL:					9	Industrial			13			
PATIENT COUNT:					7	0			10			

Exhibit "1"

Current Computer System started 2013

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EDWARD CALVERT, M.D.
October 17, 2016

Page 1

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION

GREGORY SCOTT AND MICHELLE
SCOTT, INDIVIDUALLY AND ON
BEHALF OF THE MINOR, JORDAN
SCOTT, AS THE PARENTS AND
TUTORS OF JORDAN SCOTT

VS. NO. 3:16-CV-00376

NORTHERN LOUISIANA MEDICAL
CENTER, RUSTON, LOUISIANA,
HOSPITAL COMPANY, LLC, AND
BRADY DuBOIS

DEPOSITION OF
EDWARD CALVERT, M.D.

October 17, 2016

At:

North Louisiana Medical Center
401 E. Vaughn Avenue
Ruston, Louisiana 71270

REPORTED BY:

LINDA PEROT
CERTIFIED COURT REPORTER
CERTIFICATE NO. 23012
STATE OF LOUISIANA

GREGORY SCOTT, ET AL.
VS. NORTHERN LA MEDICAL CENTER, ET AL.

EDWARD CALVERT, M.D.
October 17, 2016

Page 2	Page 4
<p>APPEARANCES:</p> <p>FOR PLAINTIFFS:</p> <p>BREITHAUPT, DUNN, DuBOS, SHAFTO & WOLLESON 1811 Tower Drive, Suite D Monroe, Louisiana 71201 Phone: (318) 322-1202 appearing herein by and through Mr. Russell A. Woodard, Jr. rwoodard@bddswlaw.com</p> <p>AND VIA TELEPHONE CONFERENCE CALL OSCAR L. SHOENFELT ATTORNEY AT LAW 2109 Perkins Road Baton Rouge, Louisiana 70808 Phone: (225) 336-4300 E-Mail: info@shoenfeltlaw.com</p> <p>FOR DEFENDANT NORTHERN LOUISIANA MEDICAL CENTER:</p> <p>BLUE WILLIAMS 3421 North Causeway Boulevard Suite 900 Metairie, Louisiana 70002 Phone: (504) 831-4091 appearing herein by and through Mr. Kurt S. Blankenship E-Mail: kblankenship@bluewilliams.com</p> <p>FOR DEFENDANT JACOB M. WOOD, M.D.:</p> <p>HUDSON, POTTS & BERNSTEIN 1800 Hudson Lane, Suite 300 Monroe, Louisiana 71201 Phone: (318) 388-4400 appearing herein by and through Mr. Donald H. Zeigler, III on behalf of Mr. Gordon L. James E-Mail: tzeigler@hplaw.com</p>	<p>1 INDEX</p> <p>2 PAGE</p> <p>3 EXAMINATION</p> <p>4 BY MR. WOODARD. 7,74</p> <p>5</p> <p>6 EXAMINATION</p> <p>7 BY MR. BLANKENSHIP. 55</p> <p>8</p> <p>9 OBJECTIONS</p> <p>10 BY MS. HOSKINS. 9, 11, 14, 15, 18, 19, 20, 22,</p> <p>11 24, 25, 26, 27, 33, 36, 39, 40,</p> <p>12 41, 43, 45, 47, 48, 50, 52, 76,</p> <p>13 75, 77, 79, 80</p> <p>14</p> <p>15 BY MR. BLANKENSHIP 10, 11, 14, 15, 16, 18, 20,</p> <p>16 21, 22, 24, 25, 26, 27, 28,</p> <p>17 30, 33, 34, 35, 37, 39, 40,</p> <p>18 41, 42, 43, 45, 47, 49, 50,</p> <p>19 ... 51, 52, 53, 76, 77, 78, 79, 80</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
Page 3	Page 5
<p>1 APPEARANCES (CONTINUED):</p> <p>2 FOR DEFENDANT JAMES PATRICK TAYLOR, M.D.:</p> <p>3 DEGAN, BLANCHARD & NASH</p> <p>4 400 Poydras Street, Suite 2600</p> <p>5 New Orleans, Louisiana 70130</p> <p>6 Phone: (504) 529-3333</p> <p>7 appearing herein by and through</p> <p>8 Ms. Maryann G. Hoskins</p> <p>9 E-Mail: dhoskins@degan.com</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 EXHIBIT INDEX</p> <p>2 PAGE</p> <p>3</p> <p>4 Exhibit 1 Transcript of Dr. Alam 8</p> <p>5 Exhibit 2 Excerpts from Transcript of Dr. Taylor ... 9</p> <p>6 Exhibit 3. attached post-deposition</p> <p>7 Exhibit 4. attached post-deposition</p> <p>8 Exhibit 5 Website Screen Shot 28</p> <p>9 Exhibit 6 Website Screen Shot 30</p> <p>10 Exhibit 7. attached post deposition</p> <p>11 Exhibit 8 The ACR Appropriateness Criteria 31</p> <p>12 Exhibit 9 Screen Shot from The ACR Appropriateness</p> <p>13 Criteria 32</p> <p>14 Exhibit 10 Screen Shot from The ACR Appropriateness</p> <p>15 Criteria 36</p> <p>16 Exhibit 11 Website Screen Shot 38</p> <p>17 Exhibit 12 Thirty Minutes or Less Pledge 39</p> <p>18 Exhibit 13 74</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

2 (Pages 2 to 5)

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EDWARD CALVERT, M.D.
October 17, 2016

Page 6

1 STIPULATIONS

2 It is stipulated and agreed between counsel

3 that this deposition of EDWARD CALVERT, M.D., is

4 taken pursuant to Notice by counsel for

5 Defendants in accordance with the Federal Rules

6 of Civil Procedure, and may be used for all

7 purposes and in any manner consistent therewith.

8 All objections except as to the form of the

9 question and responsiveness of the answer are

10 reserved until such time as the deposition is

11 offered and introduced into evidence.

12

13 The parties hereto waive all formalities in

14 connection with the taking of said deposition,

15 except the swearing of the witness, reduction of

16 the questions and answers to typewriting, and

17 reading and signing of the deposition.

18

19 The witness, EDWARD CALVERT, M.D., was

20 advised of his right to read and sign this

21 deposition, and he elected to exercise that

22 right.

23

24 *****

25

Page 7

1 EDWARD CALVERT, M.D.,

2 being first duly sworn by LINDA PEROT, Certified

3 Court Reporter 23012, was examined and testified

4 as follows:

5 EXAMINATION

6 BY MR. WOODARD:

7 Q Good morning, Doctor.

8 A Good morning.

9 Q Will you please state your name and address

10 for the record?

11 A Edward Calvert, 1120 Brookhaven Avenue,

12 Ruston, Louisiana.

13 Q And it's my understanding you are a

14 physician in the North Louisiana Emergency

15 Physicians Partnership?

16 A I am.

17 Q Okay. And that serves Northern Louisiana

18 Medical Center?

19 A Correct.

20 Q And you are not technically an employee of

21 Northern Louisiana Medical Center?

22 A I think, technically, we are partners of

23 some kind. I'm self-employed, I suppose.

24 Q And the partners of NLEP, LLP, that would be

25 Drs. Alam, Taylor, White and yourself?

Page 8

1 A I'm not certain who all the partners are.

2 Q Okay. Alam and Taylor are your partners,

3 though?

4 A I think -- I suppose. It's sort of unusual

5 the way this ER is set up. Most of the

6 time, you are self-employed. With this one,

7 they make you partners of some kind. I

8 think it's a tax issue more than an actual

9 partnership.

10 Q How long have you known Dr. Alam and Dr.

11 Taylor?

12 A I've known Dr. Alam since probably 2005; Dr.

13 Taylor since, I believe, 2013.

14 Q Have you found them both to be trustworthy?

15 A I have.

16 Q Reliable?

17 A Yes.

18 Q Honest?

19 A Yes.

20 Q Can you think of any instance of dishonesty

21 since you've known Dr. Alam or Dr. Taylor?

22 A I cannot.

23 Q I'd like to show you --

24 MR. WOODARD:

25 what's been marked as "-- 1."

Page 9

1 Q This is a transcript of Dr. Alam's testimony

2 from a trial Mr. Ziegler and I actually had

3 not too long ago. If you will, flip with me

4 to the second page, Lines 7 through 9. Can

5 you read for the record that question and

6 answer?

7 A "No MRI or CT scan of the thoracic spine.

8 Is that right?" "No. MRI is not emergency

9 med department procedure. It takes longer

10 time. We cannot order it fast."

11 Q Okay. Have you ever seen that before?

12 A No.

13 MR. WOODARD:

14 I have "Exhibit 2" here, some

15 deposition excerpts from Dr. Taylor.

16 Q Have you read that deposition?

17 A I have not.

18 Q Okay. I want you to assume for me instead

19 of going through these excerpts in detail

20 that Dr. Taylor has testified in this

21 particular case he asked for an MRI. His

22 request was denied or delayed and the reason

23 he was given was financial considerations.

24 MS. HOSKINS:

25 Object to the form.

3 (Pages 6 to 9)

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<p>1 (To Witness): Go ahead.</p> <p>2 MR. BLANKENSHIP:</p> <p>3 I join in the objection.</p> <p>4 MR. WOODARD:</p> <p>5 You can state the basis for your</p> <p>6 form objection.</p> <p>7 MS. HOSKINS:</p> <p>8 Well, I don't think that's</p> <p>9 exactly --</p> <p>10 MR. BLANKENSHIP:</p> <p>11 His answer --</p> <p>12 MS. HOSKINS:</p> <p>13 Right. I don't think that's exactly</p> <p>14 what he said. I'm not -- it's a</p> <p>15 paraphrase of what he said and I'm just</p> <p>16 making my objection for the record.</p> <p>17 MR. WOODARD:</p> <p>18 Okay.</p> <p>19 MS. HOSKINS:</p> <p>20 I mean, if you want a verbatim, we</p> <p>21 can read it. I don't think that's</p> <p>22 necessary, but --</p> <p>23 MR. WOODARD:</p> <p>24 That's fine. I just -- if there was</p> <p>25 some way I could rephrase the</p>	<p>1 A In an ideal world. However, MRI takes</p> <p>2 thirty minutes to an hour and it's just not</p> <p>3 an emergency procedure by the nature of MRI.</p> <p>4 Q Have you ever attempted to order an MRI from</p> <p>5 the emergency room?</p> <p>6 A Not on an emergency room patient.</p> <p>7 Q Have you ever had occasion to order an MRI</p> <p>8 on an emergency room patient, but you did</p> <p>9 not make an order because you knew it would</p> <p>10 take a significant amount of time?</p> <p>11 A It's not really available through the</p> <p>12 emergency room, so --</p> <p>13 Q Who has told you that it's not available</p> <p>14 through the emergency room?</p> <p>15 MS. HOSKINS:</p> <p>16 Objection. I don't think that's</p> <p>17 what he said.</p> <p>18 Q Is that what you said?</p> <p>19 A It's not a test that we use in the emergency</p> <p>20 room because it's not available for us to</p> <p>21 order.</p> <p>22 Q What do you mean that it's not available for</p> <p>23 y'all to order?</p> <p>24 A If I attempted to order an MRI, it wouldn't</p> <p>25 be done. There's -- unless we order it on</p>
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<p>1 paraphrasing that you don't have a</p> <p>2 problem with.</p> <p>3 Q All right. And I want you to also assume</p> <p>4 for me that Dr. Taylor testified that he was</p> <p>5 told that requests for MRIs from the</p> <p>6 emergency room have to be precertified.</p> <p>7 MS. HOSKINS:</p> <p>8 Object to the form.</p> <p>9 MR. BLANKENSHIP:</p> <p>10 Same objection.</p> <p>11 Q Have you ever heard of any of those things I</p> <p>12 just mentioned by Dr. Taylor?</p> <p>13 A I have not.</p> <p>14 Q Okay. Look back at "Exhibit 1." Do you</p> <p>15 agree with Dr. Alam that MRIs cannot be</p> <p>16 ordered fast from the emergency room?</p> <p>17 A I do.</p> <p>18 Q And why do you agree with that?</p> <p>19 A MRI is not an emergency procedure. It's</p> <p>20 just not something that is available to us</p> <p>21 through the emergency room.</p> <p>22 Q Is that something you wish was available?</p> <p>23 A I'm sorry?</p> <p>24 Q Is that something that you personally wish</p> <p>25 was available?</p>	<p>1 an inpatient, it's something that I would</p> <p>2 have to discuss directly with either an</p> <p>3 admitting physician or a radiologist or get</p> <p>4 the orthopaedic doctor to tell me that it</p> <p>5 was necessary. It's not something that I</p> <p>6 could just type an order in the computer and</p> <p>7 it would be done.</p> <p>8 Q Do you have any idea why -- you could press</p> <p>9 a button and order a CT scan. Correct?</p> <p>10 A Correct.</p> <p>11 Q Do you have any idea why you can't do that</p> <p>12 for an MRI?</p> <p>13 A It's just one of tests that's typically</p> <p>14 reserved for people who require an inpatient</p> <p>15 stay or can be done on an outpatient basis.</p> <p>16 Q Typically, --</p> <p>17 A We use the CT to rule out emergency</p> <p>18 conditions typically, and then if somebody</p> <p>19 needs further investigation, that's done</p> <p>20 sort of at the next level, not through the</p> <p>21 emergency room.</p> <p>22 Q And when you say it's typically reserved for</p> <p>23 inpatients and who else?</p> <p>24 A Done on an outpatient basis. Typically, we</p> <p>25 order a CAT scan to rule out emergency</p>

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<p>1 conditions and, if the CAT scan is negative, 2 then we would send them to have an 3 outpatient MRI via their primary physician. 4 Q And the way you're understanding MRIs are 5 used at Northern, typically there's a delay 6 which allows for confirmation of either 7 insurance or a patient's ability to pay? 8 MS. HOSKINS: 9 Object to the form. 10 MR. BLANKENSHIP: 11 Object to the form. 12 A I don't know anything about the financial 13 aspect of it. 14 Q It was a poor question. It's your 15 understanding that, typically, the way MRIs 16 are ordered and conducted at Northern, 17 there's a significant period of time to 18 where confirmation of reimbursement can be 19 confirmed. Is that correct? 20 MS. HOSKINS: 21 Object to the form. 22 MR. BLANKENSHIP: 23 Same objection. 24 A Again, I have no idea about the financial 25 aspect of it.</p>	<p>1 MR. BLANKENSHIP: 2 Object to the form. 3 Q And as we discussed before, I'm a lawyer. 4 I'm not a doctor. Tell me, if I come to you 5 and I present with something, some 6 conditions, and you say, "I want this test 7 run," where do you go? Is it a computer 8 screen? Is it a station where you write 9 handwritten notes? 10 A It's a computer screen. 11 MS. HOSKINS: 12 Just for clarification, you're 13 talking about if you present to NLMC 14 emergency room? 15 MR. WOODARD: 16 I think he understands the question. 17 Q You can go ahead. 18 A Yeah. We have a system called MEDHOST that 19 we do all of our documentation and we order 20 our tests through MEDHOST. 21 Q Okay. And MEDHOST is electronic? 22 A Correct. 23 Q And if you want to order a CT scan, you can 24 press a button? 25 A Correct.</p>
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<p>1 Q If Dr. Taylor testified that he spoke with 2 Brady Dubois, the former CEO of Northern, -- 3 do you remember -- were you working here 4 when Mr. Dubois was so employed? -- 5 A I was. 6 Q -- that he spoke with Mr. Dubois and he 7 said, "We can't allow emergency room MRIs 8 for financial considerations," would you be 9 in a position to dispute Dr. Taylor's 10 testimony? 11 MS. HOSKINS: 12 Object to the form. 13 MR. BLANKENSHIP: 14 Object to the form. 15 A I have no idea what conversation he had with 16 Brady. 17 Q Would you have any reason to doubt 18 Dr. Taylor? 19 MR. BLANKENSHIP: 20 Same objection. 21 Q So it seems that you, Dr. Alam and 22 Dr. Taylor all agree that it's very 23 difficult to obtain an MRI from the 24 emergency room. Is that correct? 25 A That's correct.</p>	<p>1 Q Are there any other type of diagnostic 2 images you can order with the press of a 3 button? 4 A X-rays, some ultrasound. 5 Q But there is no button on MEDHOST for MRIs? 6 A There is not, not that I'm aware of. 7 Q How often do you see or use that MEDHOST 8 software? 9 A Every day. 10 Q Daily? And you've never -- 11 A Every day that I work, yes. 12 Q Poor question. And you've never noticed an 13 MRI button? 14 A I have not. 15 Q Have you ever inquired as to why there is no 16 MRI button? 17 A I have not. 18 Q Do you have any idea as you sit here today 19 why there is no MRI button? 20 A It's just not a modality we use in the 21 emergency department. 22 Q I can't remember their first names, but are 23 you familiar with Ms. Burns and Ms. Goss? 24 A Yes. Sandy Goss. 25 Q Sandy Goss?</p>

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<p>1 A Sandy Goss is her name.</p> <p>2 Q Okay.</p> <p>3 A I don't know who Burns is.</p> <p>4 Q Would you agree if they said all other</p> <p>5 departments can order an MRI electronically</p> <p>6 except the emergency room?</p> <p>7 MR. BLANKENSHIP:</p> <p>8 Object to the form.</p> <p>9 MS. HOSKINS:</p> <p>10 Object to the form.</p> <p>11 A I have no knowledge of other departments.</p> <p>12 Q Are you aware of any MRIs ever being ordered</p> <p>13 from the emergency room by any physician?</p> <p>14 A I am not.</p> <p>15 Q And how long have you been at Northern?</p> <p>16 A On and off since 2005.</p> <p>17 Q Would it be fair to say that the ordering of</p> <p>18 MRIs from the emergency department at</p> <p>19 Northern is discouraged?</p> <p>20 MR. BLANKENSHIP:</p> <p>21 Object to the form.</p> <p>22 A I've never been discouraged. It's just not</p> <p>23 something that's typically available to us.</p> <p>24 Q Are you aware of -- let me ask this. Have</p> <p>25 you ever made any complaints to hospital</p>	<p>1 department, would you be in any position to</p> <p>2 dispute that?</p> <p>3 A I would not.</p> <p>4 Q If Dr. Taylor testified that "This is the</p> <p>5 21st Century; we ought to be able to obtain</p> <p>6 an MRI from the emergency department," would</p> <p>7 you agree with that?</p> <p>8 MR. BLANKENSHIP:</p> <p>9 Object to the form.</p> <p>10 MS. HOSKINS:</p> <p>11 Object to the form.</p> <p>12 A That's his statement. I don't -- I've never</p> <p>13 worked in an emergency room where MRI was</p> <p>14 available to me.</p> <p>15 Q How many emergency rooms have you worked in?</p> <p>16 A Six or seven.</p> <p>17 Q If a hospital advertises and markets that it</p> <p>18 has MRIs available for all patients,</p> <p>19 inpatients and outpatients, would it be fair</p> <p>20 for patients to expect that they can obtain</p> <p>21 an MRI from the emergency room?</p> <p>22 MR. BLANKENSHIP:</p> <p>23 Object to the form.</p> <p>24 MS. HOSKINS:</p> <p>25 Object to the form.</p>
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<p>1 administration that you would like to have</p> <p>2 the option for an MRI?</p> <p>3 A I have not.</p> <p>4 Q Are you aware of any physicians who have</p> <p>5 made such a complaint?</p> <p>6 A I am not.</p> <p>7 Q And you've never requested an MRI out of the</p> <p>8 emergency room?</p> <p>9 A I have not.</p> <p>10 Q But since 2005, you have had some patients</p> <p>11 where they presented with symptoms where you</p> <p>12 would have like to have obtained an MRI?</p> <p>13 MS. HOSKINS:</p> <p>14 Object to the form.</p> <p>15 A Normally, I can rule in or out conditions</p> <p>16 with what's available to me in CAT scan or</p> <p>17 plain x-ray enough to give the patient a</p> <p>18 really need to be for that MRI. So through</p> <p>19 the nature of MRI, it's not something that</p> <p>20 we can do quickly in the emergency room.</p> <p>21 Q The MRI machine is right down the hallway</p> <p>22 from the emergency department. Correct?</p> <p>23 A I honestly don't know.</p> <p>24 Q If Dr. Taylor testified that the MRI machine</p> <p>25 is right down the hallway from the emergency</p>	<p>1 A It's not an emergency procedure.</p> <p>2 Q I understand. But my question was, if a</p> <p>3 hospital advertises that they provide MRIs</p> <p>4 for all patients, inpatients, outpatients,</p> <p>5 emergency, non-emergency, would it be fair</p> <p>6 for patients to expect that they can obtain</p> <p>7 an emergency room MRI?</p> <p>8 MR. BLANKENSHIP:</p> <p>9 Same objection.</p> <p>10 A I don't really know how to answer that. I</p> <p>11 mean, they can advertise whatever they want,</p> <p>12 I suppose. It's just not something we use</p> <p>13 through the emergency room. It's available</p> <p>14 for inpatients; it's available for</p> <p>15 outpatients. But whatever they advertise,</p> <p>16 it's just not something we do in the ER.</p> <p>17 Q But you wouldn't condone it as a good</p> <p>18 medical practice to falsely advertise what</p> <p>19 services a hospital can or can't offer.</p> <p>20 Correct?</p> <p>21 MS. HOSKINS:</p> <p>22 Object to the form.</p> <p>23 MR. BLANKENSHIP:</p> <p>24 Object to the form.</p> <p>25 A Correct.</p>

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<p style="text-align: right;">Page 22</p> <p>1 Q Are you -- do you have any knowledge at all</p> <p>2 about the case that I'm here on today?</p> <p>3 A I do not.</p> <p>4 Q Have you ever heard of Jordan Scott?</p> <p>5 A I've heard the name strictly because I know</p> <p>6 that's the case that I'm here for today.</p> <p>7 Q Are you aware she's a patient who presented;</p> <p>8 at the time, she was twelve years old? And,</p> <p>9 according to Dr. Taylor's testimony, he</p> <p>10 wanted an MRI at around 9 a.m. and an MRI</p> <p>11 was not conducted until nearly 3 p.m.?</p> <p>12 MS. HOSKINS:</p> <p>13 Object to the form.</p> <p>14 MR. BLANKENSHIP:</p> <p>15 Same objection.</p> <p>16 A I have no knowledge of the case.</p> <p>17 Q Are you aware that that girl is now</p> <p>18 paralyzed for the rest of her life?</p> <p>19 A I am not.</p> <p>20 Q Would you agree that's a tragic case?</p> <p>21 MR. BLANKENSHIP:</p> <p>22 Object to the form.</p> <p>23 MS. HOSKINS:</p> <p>24 Object to the form.</p> <p>25 A I do agree.</p>	<p style="text-align: right;">Page 24</p> <p>1 the problem, and then treat the problem.</p> <p>2 Correct?</p> <p>3 A Correct.</p> <p>4 Q And you've been educated. You've been</p> <p>5 trained. You have experience to help deal</p> <p>6 with those medical issues?</p> <p>7 A Correct.</p> <p>8 Q Is it true that sometimes business decisions</p> <p>9 can get in the way of you exercising -- or a</p> <p>10 doctor exercising his medical judgment?</p> <p>11 MS. HOSKINS:</p> <p>12 Object to the form.</p> <p>13 MR. BLANKENSHIP:</p> <p>14 Object to the form.</p> <p>15 A Not with me.</p> <p>16 Q Have you ever wanted to do something,</p> <p>17 provide treatment to a particular patient</p> <p>18 and been handcuffed by a particular</p> <p>19 administrative or business decision?</p> <p>20 A Yes. I'm sure that I have, but I can't</p> <p>21 think of a specific example.</p> <p>22 Q And that's more of where I was going with my</p> <p>23 question. Again, I'm asking you to assume</p> <p>24 instead of making you read all this</p> <p>25 deposition testimony. I'm trying to move</p>
<p style="text-align: right;">Page 23</p> <p>1 Q Doctor, you are trained to help people.</p> <p>2 Correct?</p> <p>3 A Correct.</p> <p>4 Q You're not trained on how to give</p> <p>5 depositions?</p> <p>6 A I'm not.</p> <p>7 Q Right now, you're thinking about "What am I</p> <p>8 going to do once I get out of this</p> <p>9 deposition and what am I going to walk into</p> <p>10 in the emergency department?" Correct?</p> <p>11 A I don't work today, thankfully.</p> <p>12 Q You're not working today. If you were</p> <p>13 working today, you walk in every day not</p> <p>14 knowing what's going to present itself?</p> <p>15 A Correct.</p> <p>16 Q You're holding a cup of coffee in your hand.</p> <p>17 When you're working, you may be drinking a</p> <p>18 cup of coffee, and then all of a sudden</p> <p>19 things go from tranquil to a gunshot wound</p> <p>20 comes in and you've got all hands on deck?</p> <p>21 A Correct.</p> <p>22 Q And you've got to use your expertise, your</p> <p>23 medical judgment to try to help that person?</p> <p>24 A Correct.</p> <p>25 Q You've got to assess the situation, diagnose</p>	<p style="text-align: right;">Page 25</p> <p>1 things along so you can get out of here. If</p> <p>2 Dr. Taylor testified he wanted to order an</p> <p>3 MRI as early as, say, 9 a.m., he made the</p> <p>4 request to order an MRI, he was denied his</p> <p>5 request for an MRI, and when he was told why</p> <p>6 his requests were denied it was because of</p> <p>7 administrative financial consideration. I</p> <p>8 want you to assume those things. If that's</p> <p>9 true, would that be an instance where a</p> <p>10 physician's medical judgment was being</p> <p>11 handcuffed by a business decision?</p> <p>12 MR. BLANKENSHIP:</p> <p>13 Object to the form.</p> <p>14 MS. HOSKINS:</p> <p>15 Object to the form.</p> <p>16 A Assuming all those things are true, yes, it</p> <p>17 would be.</p> <p>18 Q Okay. And sometimes, those business or</p> <p>19 administrative decisions are made by people</p> <p>20 who never went to medical school like you?</p> <p>21 MR. BLANKENSHIP:</p> <p>22 Object to the form.</p> <p>23 A Yes.</p> <p>24 Q People who never went to medical school like</p> <p>25 Dr. Taylor or Dr. Alam. Correct?</p>

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<p style="text-align: right;">Page 26</p> <p>1 A Correct.</p> <p>2 Q And sometimes, those administrative and</p> <p>3 business decisions are made without any</p> <p>4 consultation with people who went to medical</p> <p>5 school such as yourself, Dr. Alam and Dr.</p> <p>6 Taylor?</p> <p>7 MR. BLANKENSHIP:</p> <p>8 Object to the form.</p> <p>9 A Yes.</p> <p>10 Q And when those decisions are adopted, y'all</p> <p>11 pretty much have to just go with the hands</p> <p>12 you are dealt. Correct?</p> <p>13 A Correct.</p> <p>14 Q Okay. Again, I'm asking you to accept as</p> <p>15 true Dr. Taylor's testimony that Mr. Dubois</p> <p>16 told him, "We, as a hospital, cannot grant</p> <p>17 or order MRIs from the emergency room for</p> <p>18 financial considerations." Assuming that is</p> <p>19 true, would it be fair to say that that</p> <p>20 policy does not involve an assessment of</p> <p>21 each particular patient's condition?</p> <p>22 MR. BLANKENSHIP:</p> <p>23 Object to the form.</p> <p>24 MS. HOSKINS:</p> <p>25 Object to the form.</p>	<p style="text-align: right;">Page 28</p> <p>1 MR. BLANKENSHIP:</p> <p>2 Same objection.</p> <p>3 A If it exists, yes.</p> <p>4 Q And I think you used the word "globally."</p> <p>5 If it's applied globally or universally,</p> <p>6 that would mean that it's being done so</p> <p>7 without specific considerations of each</p> <p>8 specific patient. Correct?</p> <p>9 A Correct.</p> <p>10 Q And if Dr. Taylor says the policy exists and</p> <p>11 the hospital says it doesn't exist, that</p> <p>12 would require a credibility call between the</p> <p>13 two. Correct?</p> <p>14 MS. HOSKINS:</p> <p>15 Object to the form.</p> <p>16 MR. BLANKENSHIP:</p> <p>17 Object to the form.</p> <p>18 A I suppose.</p> <p>19 Q I'm trying to move along.</p> <p>20 MR. WOODARD:</p> <p>21 I'm going to show you what's been</p> <p>22 marked as "Exhibit 5."</p> <p>23 Q Are you aware that Northern Louisiana</p> <p>24 Medical Center has a website?</p> <p>25 A Not directly, no. I've never seen it.</p>
<p style="text-align: right;">Page 27</p> <p>1 A If it's a global policy, then I guess it</p> <p>2 doesn't involve individual patients.</p> <p>3 Q And if Jordan Scott presented --</p> <p>4 MR. WOODARD:</p> <p>5 Y'all help me. August 19th?</p> <p>6 MR. BLANKENSHIP:</p> <p>7 That's right.</p> <p>8 Q If Jordan Scott presented August 19th of</p> <p>9 2014 and that policy I'm asking you to</p> <p>10 assume exists, that would not have been</p> <p>11 applied for her specific case. Correct?</p> <p>12 MR. BLANKENSHIP:</p> <p>13 Object to the form.</p> <p>14 A Correct.</p> <p>15 Q It wouldn't have been applied during the</p> <p>16 scope of her particular treatment?</p> <p>17 MR. BLANKENSHIP:</p> <p>18 Same objection.</p> <p>19 A I suppose.</p> <p>20 Q If that policy exists, that would be an</p> <p>21 administrative or a business decision</p> <p>22 without consideration of any medical</p> <p>23 judgment?</p> <p>24 MS. HOSKINS:</p> <p>25 Object to the form.</p>	<p style="text-align: right;">Page 29</p> <p>1 Q I'll represent to you that this is taken off</p> <p>2 Northern's website. Do you see the top</p> <p>3 line? It says, "Magnetic Resonance</p> <p>4 Imaging?"</p> <p>5 A I do.</p> <p>6 Q Is that what lay folks like me refer to as</p> <p>7 an MRI?</p> <p>8 A Yes.</p> <p>9 Q Look in the second paragraph. It says,</p> <p>10 "Northern has been offering MRIs as a part</p> <p>11 of the diagnostic imaging department since</p> <p>12 1994, and today we serve both inpatients and</p> <p>13 outpatients." Do you see that?</p> <p>14 A I do.</p> <p>15 Q When Jordan Scott was presenting to the</p> <p>16 emergency department in August of 2014,</p> <p>17 would she be considered an inpatient or an</p> <p>18 outpatient?</p> <p>19 A She was an emergency room patient.</p> <p>20 Q So inpatient?</p> <p>21 A She doesn't really fall into either</p> <p>22 category.</p> <p>23 Q Assuming she was admitted?</p> <p>24 A If she was admitted, she would be an</p> <p>25 inpatient.</p>

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<p style="text-align: right;">Page 30</p> <p>1 Q Okay. And you see 1994. If Dr. Taylor 2 testified that, "Look, this is the 21st 3 Century; we ought to be able to have access 4 to an MRI," that would be consistent with 5 Northern's own website. Correct? 6 MR. BLANKENSHIP: 7 Object to the form. 8 A Correct. 9 MR. WOODARD: 10 I next want to show you "Exhibit 6," 11 which is another caption of Northern's 12 website. 13 Q Look at the top. It says, "Diagnostic 14 Imaging." Correct? 15 A Yes. Correct. 16 Q And if you see down toward the bottom, it 17 says, "Why should I have my imaging exam 18 done in an accredited facility?" Northern 19 is an accredited facility. Correct? 20 A I don't know. 21 Q Okay. According to this website? 22 MR. BLANKENSHIP: 23 Object. Speaks for itself. 24 MR. WOODARD: 25 That's fair.</p>	<p style="text-align: right;">Page 32</p> <p>1 MR. WOODARD: 2 I now want to show you "Exhibit 9," 3 which is a screen shot from another part 4 of that article. 5 Q It looks like the ACR has defined 6 "appropriateness" on when imaging is or is 7 not required. Do you see that highlighted 8 paragraph at the top? 9 A I do. 10 Q And in the paragraph toward the bottom, that 11 speaks to rating appropriateness. Do you 12 see that? 13 A I do. 14 Q Do you see the highlighted line toward the 15 bottom that says, "The direct or indirect 16 cost of a procedure are not considered as a 17 risk or harm when determining -- " quote, 18 unquote, " -- 'appropriateness'." 19 A I do. 20 Q Does that make sense to you? 21 A Yes. 22 Q And do you think that's how things ought to 23 be, especially in the emergency department, 24 considerations based on a financial -- or 25 excuse me. Strike that. Financial</p>
<p style="text-align: right;">Page 31</p> <p>1 Q Do you see the line I've highlighted there, 2 "ACR gold standards of gold seals of 3 accreditation?" 4 A I do. 5 Q ACR, is that the American College of 6 Radiology? 7 A Yes. 8 Q Are you aware that accreditation is required 9 for providers that bill for MRIs under 10 Medicare? 11 A I am not. 12 MR. WOODARD: 13 I want to show you "Exhibit 8." 14 (OFF RECORD DISCUSSION.) 15 Q "Exhibit 8" is entitled The ACR 16 Appropriateness Criteria. Do you see that? 17 A I do. 18 Q And again, that's the American College of 19 Radiology? 20 A Yes. 21 Q And whenever you, as an emergency room 22 physician, want to order diagnostic imaging, 23 do you work with your radiology department? 24 A I do. 25 Q Okay.</p>	<p style="text-align: right;">Page 33</p> <p>1 considerations should not be considered when 2 deciding which treatment to offer to a 3 particular patient? 4 MS. HOSKINS: 5 Object to the form. 6 MR. BLANKENSHIP: 7 Same objection. 8 A I do. 9 Q You do agree with that? 10 A I do agree with it. 11 Q And I'm not trying to trick you. If you 12 look at "Exhibit 9," I have one question 13 here. The top paragraph, "The concept of 14 appropriateness as applied to health care." 15 It's the second sentence of the first 16 paragraph. Do you see that? 17 A I do. 18 Q Do you understand the difference, if any, 19 between appropriateness and health care, or 20 does there appear to be a difference in this 21 article between appropriateness and the 22 practice of medicine? 23 A I'm not sure what you mean. 24 Q I'm not sure what I mean either. What does 25 that sentence mean to you?</p>

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<p>1 A They are defining appropriateness in the</p> <p>2 setting of health care.</p> <p>3 Q And in that definition, they say costs are</p> <p>4 not to be considered. Correct?</p> <p>5 MR. BLANKENSHIP:</p> <p>6 Object to the form.</p> <p>7 A I don't believe it mentions cost at all in</p> <p>8 that paragraph.</p> <p>9 Q I'm sorry. In the writing appropriate</p> <p>10 paragraph.</p> <p>11 A Yes.</p> <p>12 Q Have you ever heard of precertification?</p> <p>13 A I have.</p> <p>14 Q What is your understanding of what</p> <p>15 precertification means?</p> <p>16 A I think it's normally when someone has a</p> <p>17 test that's ordered on a non-emergency basis</p> <p>18 and the insurance company can require sort</p> <p>19 of oversight to see if that procedure is</p> <p>20 appropriate.</p> <p>21 Q Precertification is required or used in non-</p> <p>22 emergent basises?</p> <p>23 A That's my understanding.</p> <p>24 MR. BLANKENSHIP:</p> <p>25 Object to the form.</p>	<p>1 been told, as an emergency room physician,</p> <p>2 you have different duties than a non-</p> <p>3 emergency doctor. Correct?</p> <p>4 A Correct.</p> <p>5 MS. HOSKINS:</p> <p>6 Object to the form.</p> <p>7 Q And those duties include you can't dump a</p> <p>8 patient just because he or she doesn't have</p> <p>9 insurance or money. Correct?</p> <p>10 A Correct.</p> <p>11 Q And you can't deny screening examinations to</p> <p>12 a patient just because he or she does not</p> <p>13 have money or insurance. Correct?</p> <p>14 A Correct.</p> <p>15 Q If there is necessary treatment that's</p> <p>16 available, you provide it without regard for</p> <p>17 insurance or for payment. Correct?</p> <p>18 A Correct.</p> <p>19 Q In your training and education of EMTALA,</p> <p>20 are you trained or informed on how to</p> <p>21 identify when there has been an EMTALA</p> <p>22 violation?</p> <p>23 A Yes. I think so.</p> <p>24 MR. WOODARD:</p> <p>25 On "Exhibit 10," I have another</p>
Page 35	Page 37
<p>1 Q Is it your understanding that requiring</p> <p>2 precertification in emergency basis would be</p> <p>3 inappropriate?</p> <p>4 MR. BLANKENSHIP:</p> <p>5 Object to the form.</p> <p>6 A Yes.</p> <p>7 Q And it would be inappropriate because it</p> <p>8 would delay or deny possibly pressing or</p> <p>9 emergency medical needs to inquire into</p> <p>10 insurance?</p> <p>11 A Yes.</p> <p>12 Q And I'm guessing, as an emergency room</p> <p>13 physician, you are trained and educated on</p> <p>14 what I would call EMTALA?</p> <p>15 A Yes.</p> <p>16 Q What is your understanding of what EMTALA</p> <p>17 is?</p> <p>18 A It's a series of laws or rules, I guess,</p> <p>19 that state that we have to do everything</p> <p>20 within our power to determine that somebody</p> <p>21 is medically stable before you would then</p> <p>22 deny treatment to them, I suppose, or refer</p> <p>23 them somewhere else for treatment.</p> <p>24 Q Right. And you've been trained on that.</p> <p>25 You've been educated on that. And you've</p>	<p>1 screen shot from Northern's website on</p> <p>2 the precertification issue. This seems</p> <p>3 to echo what you were saying. It says,</p> <p>4 "You may preregister online at least</p> <p>5 three business days in advance of your</p> <p>6 requested procedure date." That does</p> <p>7 not seem to speak to emergency</p> <p>8 procedures. Correct?</p> <p>9 MR. BLANKENSHIP:</p> <p>10 Object to the form. It speaks for</p> <p>11 itself.</p> <p>12 A Correct.</p> <p>13 Q Emergencies, you don't get three day's</p> <p>14 notice. Correct?</p> <p>15 A Correct.</p> <p>16 Q And so, applying this precertification in an</p> <p>17 emergency setting would be kind of a square</p> <p>18 peg in a round hole?</p> <p>19 A Correct.</p> <p>20 MS. HOSKINS:</p> <p>21 Excuse me. Do you want to turn your</p> <p>22 speaker down?</p> <p>23 (OFF RECORD DISCUSSION).</p> <p>24 MR. WOODARD TO MR. SHOENFELT:</p> <p>25 Hey, Oscar.</p>

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<p style="text-align: right;">Page 38</p> <p>1 MR. SHOENFELT:</p> <p>2 Yes?</p> <p>3 MR. WOODARD:</p> <p>4 Mute your phone for me. And I'm not</p> <p>5 trying to hush you up, just in case you</p> <p>6 need to engage.</p> <p>7 MS. HOSKINS:</p> <p>8 Just for clarification, Oscar is on</p> <p>9 your cell phone listening.</p> <p>10 MR. WOODARD:</p> <p>11 That's right.</p> <p>12 MR. WOODARD:</p> <p>13 Now, "Exhibit 11" is a screen shot</p> <p>14 from Northern's website.</p> <p>15 Q And this also seems to echo what you were</p> <p>16 saying. The part at the bottom, "If you</p> <p>17 don't have insurance, no one will be denied</p> <p>18 necessary medical care due to lack of</p> <p>19 insurance or inability to pay." Do you see</p> <p>20 that?</p> <p>21 A I do.</p> <p>22 Q That's what you've been trained to do as an</p> <p>23 ER physician?</p> <p>24 A Correct.</p> <p>25 Q That's consistent with your Hippocratic</p>	<p style="text-align: right;">Page 40</p> <p>1 on its website the thirty minutes or less</p> <p>2 pledge. Have you ever seen that?</p> <p>3 A I have.</p> <p>4 Q And that basically says you're going to get</p> <p>5 meaningful service within thirty minutes.</p> <p>6 You're going to be treated on an as-needed</p> <p>7 basis based on the severity of the condition</p> <p>8 presented. Correct?</p> <p>9 MS. HOSKINS:</p> <p>10 Object to the form.</p> <p>11 MR. BLANKENSHIP:</p> <p>12 Object to the form.</p> <p>13 A I think what it means is that you will be</p> <p>14 seen and triaged within thirty minutes of</p> <p>15 your arrival to the emergency department.</p> <p>16 Q You will be seen and triaged within thirty</p> <p>17 minutes. And then, after that, you're going</p> <p>18 to be pigeonholed into, okay, here is a</p> <p>19 runny nose, and then on the other end of the</p> <p>20 continuum we've got a heart attack or</p> <p>21 neurological deficits, something like that.</p> <p>22 Correct?</p> <p>23 A Correct.</p> <p>24 MR. BLANKENSHIP:</p> <p>25 Object to the form.</p>
<p style="text-align: right;">Page 39</p> <p>1 oath?</p> <p>2 A Correct.</p> <p>3 Q And a policy or a practice or even a single</p> <p>4 instance in violation of that would</p> <p>5 constitute an EMTALA violation. Correct?</p> <p>6 MS. HOSKINS:</p> <p>7 Object to the form.</p> <p>8 MR. BLANKENSHIP:</p> <p>9 Object to the form.</p> <p>10 Q I can rephrase the question. Accepting</p> <p>11 Dr. Taylor's testimony as true that there</p> <p>12 was an emergency condition, that the MRI was</p> <p>13 available, that the MRI was requested, that</p> <p>14 the MRI was denied because of insurance</p> <p>15 inquiries, it's your understanding that</p> <p>16 would result in an EMTALA violation.</p> <p>17 Correct?</p> <p>18 MS. HOSKINS:</p> <p>19 Object to the form.</p> <p>20 MR. BLANKENSHIP:</p> <p>21 Object to the form.</p> <p>22 A Yes.</p> <p>23 MR. WOODARD:</p> <p>24 "Exhibit 12."</p> <p>25 Q Northern Louisiana Medical Center represents</p>	<p style="text-align: right;">Page 41</p> <p>1 Q With this thirty-minute pledge in mind, if</p> <p>2 Dr. Taylor testified that he wanted an MRI</p> <p>3 for a twelve-year-old girl with neurological</p> <p>4 deficits in her hands and feet as early as</p> <p>5 9 a.m. and she did not obtain the MRI until</p> <p>6 3 p.m., do you think that would be</p> <p>7 consistent with the thirty-minute pledge?</p> <p>8 MS. HOSKINS:</p> <p>9 Object to the form.</p> <p>10 MR. BLANKENSHIP:</p> <p>11 Object to the form.</p> <p>12 A I don't think the pledge applies to that as</p> <p>13 long as she was seen and triaged within</p> <p>14 thirty minutes of her arrival to the ER.</p> <p>15 Q Okay. Do you think that would be</p> <p>16 consistent, the scenario I just gave to you,</p> <p>17 MRI requested as early as 9 a.m., not</p> <p>18 conducted until 3 p.m. with emergency</p> <p>19 progressing neurological deficits in a</p> <p>20 twelve-year-old girl? Do you think that gap</p> <p>21 in time is consistent with best practices at</p> <p>22 Northern Louisiana Medical Center's</p> <p>23 emergency department?</p> <p>24 MS. HOSKINS:</p> <p>25 Object to the form.</p>

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<p>1 MR. BLANKENSHIP: 2 Object to the form. 3 A Again, an MRI is not something that is 4 available to us through the emergency room. 5 Q Fair point. That would be an instance 6 where, assuming those facts as true, request 7 at 9:00, MRI finally given at 3:00, if you 8 accept Dr. Taylor's testimony, he was doing 9 everything he could to try to get the MRI in 10 that time frame. But because of a business 11 decision at the hospital, he could not get 12 it, -- 13 MR. BLANKENSHIP: 14 Object to the form. 15 Q -- assuming those facts as true. Is that 16 correct? 17 A That's correct. 18 Q Now, I know you feel like you're probably 19 banging your head against the wall and I'm 20 almost done, but it's my understanding you 21 say "MRIs can't be ordered from the 22 emergency room department because that's not 23 a modality we use." Is that a fair 24 characterization of your testimony? 25 A Yes.</p>	<p>1 the faster modality to try to rule in or out 2 an emergency condition, and then move on to 3 the next step. 4 Q But there are certain things that an MRI 5 will pick up that a CT scan will not pick 6 up. Correct? 7 A Correct. 8 Q And, say, blood thickness, the density of 9 blood around, say, a spinal cord. That may 10 be an incident where you can run a CT scan 11 and it won't pick up, but an MRI would 12 definitely pick that up. Correct? 13 A I'm not a radiologist, so I'm not sure about 14 that. 15 Q Sure. 16 A My understanding is that I think blood -- 17 acute blood shows up fairly well on a CAT 18 scan, but there certainly may be things that 19 an MRI would pick up that a CAT scan can't. 20 Q Which test is typically more expensive, a CT 21 scan or an MRI? 22 A I have no direct knowledge of that. 23 Q Do you have any knowledge -- when you say 24 you have no direct knowledge, do you have 25 any indirect knowledge?</p>
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<p>1 Q And you don't know -- you don't know why 2 that's something that's not available to 3 y'all? 4 MS. HOSKINS: 5 Object to the form. 6 MR. BLANKENSHIP: 7 Same objection. 8 A No, not directly. 9 Q Can you think of any legitimate reason if 10 the radiology department is right down the 11 hall, the MRI machine is right down the 12 hall, why you can't have access to that in 13 the special cases where you may need it as 14 an emergency room physician? 15 MS. HOSKINS: 16 Object to the form. 17 MR. BLANKENSHIP: 18 Same objection. 19 A I don't know exactly how to answer that. 20 It's just always been we try to use another 21 modality that's faster in itself to try to 22 rule out emergency conditions. A CT can be 23 done in a few minutes whereas an MRI takes, 24 you know, a half hour or an hour, you know, 25 to do the procedure. So typically, we use</p>	<p>1 A No, not really. I honestly have no idea 2 what things cost. 3 Q Okay. Who would be the best person to ask 4 that? 5 A I guess someone in the billing department. 6 I don't -- I don't really know. 7 Q Who is in charge of the billing department? 8 A I have no idea. 9 Q You don't know? 10 A No. 11 Q It sounds like you walk into work like I do, 12 ready to get in and get out. 13 A That's right. 14 Q But I think you said, in an ideal world, you 15 would like to have the option to press a 16 button and get an MRI if a particular case 17 came in front of you and you decided you 18 wanted one. Correct? 19 MR. BLANKENSHIP: 20 Object to the form. 21 MS. HOSKINS: 22 Object to the form. 23 A Yes. 24 Q You said an MRI can take thirty minutes to 25 an hour to conduct?</p>

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1 A Yes.
2 Q And a CT scan about fifteen minutes?
3 A Closer to five, probably, for most CTs.
4 Q Okay. What about an x-ray?
5 A A few seconds.
6 MR. WOODARD:
7 Can we go off the record real quick?
8 I'd like to talk with my counsel.
9 MS. HOSKINS:
10 Sure.
11 MR. BLANKENSHIP:
12 Sure.
13 (OFF RECORD.)
14 EXAMINATION
15 BY MR. WOODARD, continuing:
16 Q All right. Doctor, a few more questions and
17 you're off. If a -- I want you to put
18 yourself in Dr. Taylor's shoes. If a young
19 twelve-year-old girl comes in with
20 progressing neurological deficits in her
21 hands and feet and you have reason to
22 believe there is a compression of the cord
23 which would require an MRI, what would you
24 do to try to get an MRI ordered and
25 conducted for that patient?

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1 MS. HOSKINS:
2 Object to the form.
3 MR. BLANKENSHIP:
4 Same objection.
5 A Assuming all of those things, should have
6 two options. I could probably call and try
7 to talk to the radiologist directly and see
8 if that's something that we could get done,
9 or transfer her to a facility where an MRI
10 is routinely available, assuming I knew all
11 of this.
12 Q And who would you call when you say "and
13 talk to the radiologist"?
14 A Whoever was on duty for that day. Or I may
15 call and try to talk with the orthopaedic
16 surgeon to see if they could order the MRI.
17 Q And if the request to radiology and the
18 request to another physician were denied,
19 you would then say, "Look, I recommend this
20 patient for transfer"?
21 A Assuming all of those things, yes, probably.
22 Q Okay. Are there any written rules on when
23 you can order an MRI from the emergency
24 room?
25 A I don't know. I have not seen a written

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1 rule.
2 Q And remind me. You've been here off and on
3 since 2005?
4 A I have.
5 Q Any training on when you can or cannot order
6 an MRI from the emergency room?
7 MR. BLANKENSHIP:
8 Here at the hospital or in general
9 as part of his medical training?
10 Q I think he understands the question.
11 A No. I don't think there's any specific
12 training. It's just sort of what I've
13 experienced in practice.
14 Q Is it your understanding that a patient has
15 to be admitted to obtain an MRI?
16 A At this facility.
17 Q At Northern?
18 A Correct. Or done on an outpatient basis.
19 Q Which would be a non-emergency setting.
20 A Correct.
21 Q So, the only way an emergency room MRI can
22 be conducted at this facility is admitting
23 the patient?
24 MS. HOSKINS:
25 Object to the form.

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1 MR. BLANKENSHIP:
2 Join the objection.
3 A That wouldn't be an emergency room MRI.
4 Q Sure. You said that an MRI is different from
5 the other tests in that it can be done in
6 fifteen to thirty minutes. Are there also
7 some additional benefits to MRIs as opposed
8 to a CT scan and an x-ray?
9 A Yes, there are things we can see on an MRI
10 that we can't see on the other two.
11 Q And that's why I think you used the phrase
12 "ideal world." You'd like to be able to
13 have that option. Correct?
14 MR. BLANKENSHIP:
15 Object to the form.
16 A Correct.
17 Q Have you ever discussed with anyone at the
18 hospital -- doctors, nurses, administration
19 why MRIs are not available on the software
20 that you mentioned?
21 MS. HOSKINS:
22 Object to the form.
23 MR. BLANKENSHIP:
24 Same objection.
25 A I have not.

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<p style="text-align: right;">Page 50</p> <p>1 Q When you were a resident, did you ever order 2 an MRI from the emergency room? 3 A I don't know for sure. I trained at a much 4 larger facility, so it's possible. 5 Q Aside from being a slightly longer test, can 6 you think of any other reason as to why you 7 would not be allowed to order an MRI from 8 the emergency room? 9 MR. BLANKENSHIP: 10 Object to the form. 11 MS. HOSKINS: 12 Object to the form. 13 A Normally, we can rule in or out what we need 14 to based on other modalities. 15 Q But you would agree, in an emergency 16 department, there's really no such thing as 17 normal. Correct? You get new cases every 18 day. 19 A Correct. 20 Q All right. Let me make sure I understand 21 this note from my counsel. Are you 22 testifying that the emergency department 23 here does not include determining if a 24 patient needs a MRI on an emergency basis if 25 that is available to an in-patient?</p>	<p style="text-align: right;">Page 52</p> <p>1 A Or the radiology department, possibly. 2 Q And if the radiology department said that 3 was not its decision, it'd be safe to assume 4 that came from the business department or 5 administration at Northern? 6 MR. BLANKENSHIP: 7 Same objection. 8 A Yes. 9 Q Would you agree with Dr. Taylor's testimony 10 if he said that minutes can be critical when 11 you're talking about compression of the 12 spinal cord in a patient such as a twelve 13 year old girl with progressing neurological 14 deficits? 15 MS. HOSKINS: 16 Object to the form. 17 MR. BLANKENSHIP: 18 Same objection. 19 A Yes, I would agree with that. 20 Q And so, your options that you're allowed as 21 an emergency room physician, if you're ever 22 presented with a situation that requires an 23 MRI, you either call radiology, you call 24 another doctor such as an ortho, or you 25 transfer. Correct?</p>
<p style="text-align: right;">Page 51</p> <p>1 A I'm not sure I understand the question. 2 Q I don't either. I'll move on. And again, 3 you said, if you need an MRI, you've got to 4 admit the patient. Correct? 5 A Correct. 6 Q And so, that would be an administrative 7 decision where Northern has not allowed the 8 emergency department to order an MRI. 9 Correct? 10 MR. BLANKENSHIP: 11 Object to the form. 12 A I'm not sure where the decision came from. 13 It's not my decision. 14 Q You're not aware that it was Dr. Alam's 15 decision? 16 A No. 17 Q You're not aware that it was Dr. Taylor's 18 decision? 19 A No. 20 Q You're not aware of any physician who said 21 hey, we don't want to be able to order an 22 MRI? 23 A Correct. 24 Q Would it be safe to assume that that came 25 from administration?</p>	<p style="text-align: right;">Page 53</p> <p>1 A Yes. 2 Q And all three of those decision take a 3 significant amount of time. 4 A Correct. 5 Q The actual call to radiology, is that you 6 pick up your cell phone and you call them or 7 do you have a phone in your office? 8 A At the nurses' station. 9 Q All right. And if you call her and she 10 denies and says we can't do that, then you 11 call the doctor and he says we can't do 12 that, that's several minutes which have 13 passed. Correct? 14 A Correct. 15 Q And then, if you transfer, where would you 16 transfer the patient? 17 A Typically, LSU-Shreveport. 18 Q And that's about an hour and a half drive, 19 if you're booking it. Correct? 20 A About an hour. 21 Q By helicopter, how long are we talking? 22 MR. BLANKENSHIP: 23 Object to the form. Calls for 24 speculation. 25 A I think it's about twenty or thirty minutes.</p>

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1 Q And you're aware of instances where patients
2 have been transferred from here to
3 Shreveport by helicopter?
4 A Yes.
5 Q And you're aware of both the time they've
6 left and the time they've arrived,
7 generally?
8 A Generally.
9 Q So, it wouldn't call for speculation on your
10 part, would it?
11 A I suppose not.
12 Q But those are the only three options you
13 have available, calling radiology, calling
14 another doctor, and transferring the
15 patient. Correct?
16 A Correct.
17 Q And all three of those options take time.
18 A Correct.
19 Q Time in a situation, a hypothetical I'll
20 pose to you, where minutes are very
21 critical.
22 A Correct.
23 Q Okay.
24 MR. WOODARD:
25 Thank you, Doctor.

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1 MS. HOSKINS:
2 Trey?
3 MR. ZEIGLER:
4 No questions.
5 MR. BLANKENSHIP:
6 Good morning, Dr. Calvert. Again,
7 I'm Kurt Blankenship and I represent the
8 hospital. I do have some questions for
9 you.
10 EXAMINATION
11 BY MR. BLANKENSHIP:
12 Q Touching on the helicopter flights to
13 Shreveport, you have ridden on those
14 helicopter flights with the patient?
15 A Not to Shreveport; no, sir.
16 Q So your understanding of the time frame
17 involved is just a general understanding you
18 have, not based on any personal knowledge of
19 yours. Correct?
20 A Yes, sir.
21 Q All right. You've said several times in
22 your testimony this morning that you can
23 rule out conditions faster using other
24 modalities than an MRI. Is that a fair
25 understanding of what you said?

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1 A Yes.
2 Q And you've told us that the CAT scan can
3 take just a few minutes; x-rays just a few
4 seconds, and the MRI takes longer, thirty
5 minutes to an hour.
6 A Yes.
7 Q So, my sense from what you're saying, my
8 understanding of what you're saying, in
9 general, is that because you're in an
10 emergency room setting, you generally go to
11 the faster tests that you as the physician
12 believes will rule in or out a condition or
13 a possible diagnosis and ascertain faster
14 whether the condition is present or not.
15 Correct?
16 A Correct.
17 Q And that's why you would normally order the
18 CT first, because that rules in or out a
19 number of modalities. Correct?
20 A Correct.
21 Q You would agree with me, wouldn't you,
22 Doctor, that a radiologist is, by virtue of
23 his specialized -- his or her specialized
24 training and experience, better qualified
25 than an ER physician to determine what

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1 medical conditions are best ruled in and out
2 by an MRI?
3 MR. WOODARD:
4 Object to form.
5 A They certainly have more specialized
6 training than we do.
7 Q Okay. And they have more specialized
8 training in interpreting MRIs than you do as
9 an ER physician.
10 A Correct.
11 Q Do you ever, as an ER physician, interpret
12 the MRI itself?
13 A Not an MRI, no.
14 Q But you do interpret tests?
15 A Preliminary interpretations. They're always
16 over rid by a radiologist.
17 Q It's fair to say, isn't it, that you rely on
18 the radiologist to give sort of a definitive
19 interpretation of either the CAT scan or the
20 MRI?
21 A Correct.
22 Q Now, you were asked what would your options
23 be if a twelve year old girl presented with
24 neurological deficits and you described
25 those for us, and I want to go back over

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<p style="text-align: right;">Page 58</p> <p>1 just a couple of them. First of all, your</p> <p>2 decision making path would depend, wouldn't</p> <p>3 it, on a number of things that you as the ER</p> <p>4 physician learn or see as part of your</p> <p>5 treatment and examination of the patient.</p> <p>6 And, by that, I mean first you'd be looking</p> <p>7 at the history the patient gave you.</p> <p>8 A Correct.</p> <p>9 Q Then you'd be relying on your clinical</p> <p>10 assessment of the patient in whether or not</p> <p>11 neurological deficits are demonstrated.</p> <p>12 Correct?</p> <p>13 A Correct.</p> <p>14 Q And then, based on your training and</p> <p>15 experience, that information, the history</p> <p>16 and your clinical assessment, would lead you</p> <p>17 down one of several paths as to what further</p> <p>18 testing you would want to do to make a more</p> <p>19 definitive diagnosis. Correct?</p> <p>20 A Correct.</p> <p>21 Q And that's the normal course of events for</p> <p>22 ER physicians when they're treating and</p> <p>23 examining patients in the ER. Correct?</p> <p>24 A Correct.</p> <p>25 Q All right. And one of those options that's</p>	<p style="text-align: right;">Page 60</p> <p>1 not decide to order an MRI himself.</p> <p>2 Correct?</p> <p>3 A Correct.</p> <p>4 Q And you've also testified earlier that</p> <p>5 you've worked in six or seven emergency</p> <p>6 rooms in the course of your career?</p> <p>7 A Yes.</p> <p>8 Q When did you start practicing emergency</p> <p>9 medicine?</p> <p>10 A I believe 1999.</p> <p>11 Q All right. And you've been here since 2005.</p> <p>12 That's what you told us. Correct?</p> <p>13 A Correct.</p> <p>14 Q All right.</p> <p>15 MS. HOSKINS:</p> <p>16 I think he said "off and on" --</p> <p>17 MR. BLANKENSHIP:</p> <p>18 Okay.</p> <p>19 MS. HOSKINS:</p> <p>20 -- since 2005.</p> <p>21 MR. BLANKENSHIP:</p> <p>22 All right.</p> <p>23 Q Have you worked in other emergency rooms</p> <p>24 that are part of a facility that is</p> <p>25 comparable to Northern Louisiana Medical</p>
<p style="text-align: right;">Page 59</p> <p>1 available to you is to consult with a</p> <p>2 specialist. Correct?</p> <p>3 A Correct.</p> <p>4 Q All right. And there at Northern Louisiana</p> <p>5 Medical Center, in August of 2014, there was</p> <p>6 an orthopaedic surgeon available to consult</p> <p>7 with. Right? Dr. Major Blair?</p> <p>8 A I'm not certain, you know, who was on call</p> <p>9 that day or when he -- he's gone from this</p> <p>10 facility and I don't know when he left.</p> <p>11 Q Let me make it just a general question.</p> <p>12 Generally, are there specialists available</p> <p>13 to consult with?</p> <p>14 A We only have one orthopaedist on staff right</p> <p>15 now, so he's on call sometimes and he's not</p> <p>16 other times. I believe at that particular</p> <p>17 time there was probably coverage every day</p> <p>18 for orthopaedics.</p> <p>19 Q Okay. But an orthopaedic surgeon would be</p> <p>20 one of the types of specialists that you</p> <p>21 could potentially consult as an ER physician</p> <p>22 when you're confronted with a suspected</p> <p>23 spinal cord injury. Correct?</p> <p>24 A Correct.</p> <p>25 Q All right. And that physician may or may</p>	<p style="text-align: right;">Page 61</p> <p>1 Center? And, by that, I'm just trying to</p> <p>2 distinguish between a facility like</p> <p>3 LSU-Shreveport and a facility like just a</p> <p>4 rural clinic. You know, there's a spectrum</p> <p>5 of facilities available.</p> <p>6 A Most of the other facilities I have worked</p> <p>7 at have had more options available than</p> <p>8 Northern Louisiana Medical Center.</p> <p>9 Q Okay. And when you say "options available,"</p> <p>10 are you --</p> <p>11 A Specialty services available.</p> <p>12 Q Right, that's what I was getting at. You're</p> <p>13 talking about they might have neurologists</p> <p>14 on staff or they might have neurosurgeons on</p> <p>15 staff, things like that.</p> <p>16 A Correct.</p> <p>17 Q Okay. Now, you were asked if you were</p> <p>18 trained to identify EMTALA violations. And</p> <p>19 he first asked you -- EMTALA is a federal</p> <p>20 law, is it not?</p> <p>21 A It is.</p> <p>22 Q All right. And you're not trained in the</p> <p>23 practice of law. Correct?</p> <p>24 A I am not.</p> <p>25 Q And you're not called upon to determine</p>

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<p style="text-align: right;">Page 62</p> <p>1 whether certain fact scenarios constitute a</p> <p>2 violation of the law or not. Correct?</p> <p>3 A I'm not.</p> <p>4 Q You have a basic understanding as a</p> <p>5 physician of what EMTALA obligates you as a</p> <p>6 physician to do. Correct?</p> <p>7 A Correct.</p> <p>8 Q And to summarize that obligation, is it fair</p> <p>9 to say that it's basically to triage and</p> <p>10 stabilize the patient within the</p> <p>11 capabilities of the facility. Correct?</p> <p>12 A Correct.</p> <p>13 Q And that process, the triage unit and the</p> <p>14 stabilization of the patient is to be done</p> <p>15 without consideration for finances.</p> <p>16 Correct?</p> <p>17 A Correct.</p> <p>18 Q All right. And that's what you believe you</p> <p>19 do here as the ER physician at Northern</p> <p>20 Louisiana Medical Center. Correct?</p> <p>21 A Correct.</p> <p>22 Q You never ask a patient, I'm going to order</p> <p>23 this test, can you pay for it?</p> <p>24 A No, I don't.</p> <p>25 Q That's never a consideration for you?</p>	<p style="text-align: right;">Page 64</p> <p>1 of the hospital. Correct?</p> <p>2 A Correct.</p> <p>3 Q And it's your prerogative as the physician</p> <p>4 to decide whether a patient could best be</p> <p>5 treated for a specific condition at another</p> <p>6 facility. Correct?</p> <p>7 A Correct.</p> <p>8 Q And then, recommend or order the transfer.</p> <p>9 Correct?</p> <p>10 A Correct.</p> <p>11 Q And that happens all the time for an</p> <p>12 emergency room physician. Correct?</p> <p>13 A Correct.</p> <p>14 Q You said, I believe, that you don't have any</p> <p>15 knowledge of the specifics of this case.</p> <p>16 Correct?</p> <p>17 A Correct.</p> <p>18 Q And just to be clear for the record, you</p> <p>19 have not reviewed the medical chart for</p> <p>20 Jordan Scott's visit to the emergency room</p> <p>21 on August 19, 2014?</p> <p>22 A I have not.</p> <p>23 Q I believe you said at one point, if I wrote</p> <p>24 it down correctly, that you've never worked</p> <p>25 in an ER where the MRI is available.</p>
<p style="text-align: right;">Page 63</p> <p>1 A No, it's not.</p> <p>2 Q And I take it that in your practice as an</p> <p>3 emergency room physician here at the</p> <p>4 hospital at Northern Louisiana Medical</p> <p>5 Center, you don't get involved in any</p> <p>6 decisions about whether a test is going to</p> <p>7 be paid for by the patient's insurance</p> <p>8 company or the patient himself or not.</p> <p>9 A I don't, no.</p> <p>10 Q You're not trained or familiar with the</p> <p>11 requirements of various health insurers and</p> <p>12 their contracts with their patients in the</p> <p>13 hospital. Correct?</p> <p>14 A I am not.</p> <p>15 Q You were asked a number of questions about</p> <p>16 administration making decisions versus</p> <p>17 physicians making decisions. Let me phrase</p> <p>18 it to you this way: You as the physician,</p> <p>19 it's your prerogative, isn't it, to assess</p> <p>20 the patient and make the appropriate</p> <p>21 diagnosis. Correct?</p> <p>22 A Correct.</p> <p>23 Q And it's your prerogative to order what</p> <p>24 tests you believe are necessary to make that</p> <p>25 diagnosis, if they're within the capability</p>	<p style="text-align: right;">Page 65</p> <p>1 Correct?</p> <p>2 A Correct.</p> <p>3 Q So, if that is the policy or the practice</p> <p>4 here, and I'm not suggesting that it is, but</p> <p>5 if it is, it's not unusual in your</p> <p>6 experience, is it?</p> <p>7 A Correct.</p> <p>8 Q I want to show you, Dr. Calvert, a document</p> <p>9 that was identified and attached as an</p> <p>10 exhibit in a previous deposition in this</p> <p>11 case. I'll give you a minute to take a look</p> <p>12 at it, but I'll represent to you while</p> <p>13 you're looking at it that this is a list of</p> <p>14 MRIs ordered through the emergency room here</p> <p>15 at Northern Louisiana Medical Center from</p> <p>16 roughly 2013 to 2016 that was generated from</p> <p>17 the hospital's computer system. And, as you</p> <p>18 can see, the name of the patient is redacted</p> <p>19 from this document. If you look at the</p> <p>20 first page of this attachment, the third</p> <p>21 line down indicates that you, yourself,</p> <p>22 ordered an MRI through the emergency room on</p> <p>23 April 28th, 2014. Let me first ask you, you</p> <p>24 treat, in the course of any shift in the ER,</p> <p>25 anywhere from ten or so patients to maybe</p>

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<p style="text-align: right;">Page 66</p> <p>1 multiple tens of patients. Correct?</p> <p>2 A Typically, twenty-five patients or so.</p> <p>3 Q And you normally do how many ER shifts a</p> <p>4 month?</p> <p>5 A Sixteen to eighteen.</p> <p>6 Q So, just roughly doing the math, you take</p> <p>7 care of at least several hundred patients</p> <p>8 per month every month. Correct?</p> <p>9 A Correct.</p> <p>10 Q And it would be straining or taxing the</p> <p>11 ability of anyone to remember all the</p> <p>12 specifics of the patients that they treat.</p> <p>13 Correct?</p> <p>14 A Correct.</p> <p>15 Q All right. So, with that by way of</p> <p>16 background, first let me ask if you</p> <p>17 specifically recall ordering a brain MRI</p> <p>18 without contrast for a patient on</p> <p>19 April 28th, 2014?</p> <p>20 A I do not.</p> <p>21 Q But, given this list, do you have any reason</p> <p>22 to believe that the hospital computer system</p> <p>23 is inaccurate when it says that such an MRI</p> <p>24 was ordered?</p> <p>25 A I do not. But my suspicion is that that was</p>	<p style="text-align: right;">Page 68</p> <p>1 Q And what about Dr. Beau Burton?</p> <p>2 A He's a -- I believe a nurse practitioner in</p> <p>3 the ER.</p> <p>4 Q Okay. Does he work with your group?</p> <p>5 A He does.</p> <p>6 Q Or for your group? All right. And</p> <p>7 Dr. Regan Bonan?</p> <p>8 A Green Clinic Internal Medicine.</p> <p>9 Q Okay. So, we've seen enough names to know</p> <p>10 that the ordering physician here is a</p> <p>11 mixture of Green Clinic Physicians and ER</p> <p>12 physicians. Correct?</p> <p>13 A Correct.</p> <p>14 Q All right. And the list speaks for itself,</p> <p>15 but you can verify for us, can't you, that a</p> <p>16 number of the MRIs shown ordered here are of</p> <p>17 the cervical spine. Correct?</p> <p>18 A Yes. It looks like three of them.</p> <p>19 Q Okay. And then some are of the lumbar</p> <p>20 spine. Correct?</p> <p>21 A Correct.</p> <p>22 Q At least one is of the thoracic spine.</p> <p>23 A Correct.</p> <p>24 Q And then, a lot of them are either of the</p> <p>25 head or the brain.</p>
<p style="text-align: right;">Page 67</p> <p>1 ordered as an in-patient.</p> <p>2 Q Okay. There's a code that allows us to</p> <p>3 determine whether they were in-patient or</p> <p>4 outpatients but it shows you as the ordering</p> <p>5 physician. Correct? And the other people</p> <p>6 listed in the ordering physician column, let</p> <p>7 me ask you about some of these. First of</p> <p>8 all, you'll notice that Dr. Alam's office --</p> <p>9 I mean, name appears many times. Do you see</p> <p>10 that?</p> <p>11 A I do.</p> <p>12 Q Are you familiar with Dr. Holly Kidd?</p> <p>13 A I am.</p> <p>14 Q And who is that? Is that another ER</p> <p>15 physician?</p> <p>16 A No, it's not. She's a Green Clinic Internal</p> <p>17 Medicine doctor.</p> <p>18 Q All right. And Dr. Martin Blackwelder?</p> <p>19 A Green Clinic Internal Medicine.</p> <p>20 Q You see Dr. Taylor's name there?</p> <p>21 A I do.</p> <p>22 Q And then, Dr. Jacqueline White?</p> <p>23 A I do.</p> <p>24 Q Who is that?</p> <p>25 A She's an emergency room doctor.</p>	<p style="text-align: right;">Page 69</p> <p>1 A Correct.</p> <p>2 Q Okay. Does it happen sometimes,</p> <p>3 Dr. Calvert, either in the emergency room</p> <p>4 here at Northern Louisiana Medical Center or</p> <p>5 others that if you believe an MRI might be</p> <p>6 appropriate for a patient for whatever</p> <p>7 reason, that you would call the radiologist</p> <p>8 on duty and say, hey, I've got a patient</p> <p>9 here. This is what I'm seeing. I think</p> <p>10 maybe an MRI is in order. What do you</p> <p>11 think? Does that happen?</p> <p>12 A Yes.</p> <p>13 Q All right. And under those circumstances,</p> <p>14 does the radiologist sometimes respond that</p> <p>15 yeah, I agree. Send him up. We'll do an</p> <p>16 MRI. Or, try this first or anything like</p> <p>17 that?</p> <p>18 A I can't remember a specific instance but,</p> <p>19 yes, they would go over the possibilities,</p> <p>20 you know, of potential things that we could</p> <p>21 do to try to take care of the patient.</p> <p>22 Q Okay. Is it fair to say that the</p> <p>23 radiologist, the physician radiologist is</p> <p>24 sort of the gatekeeper for determining</p> <p>25 whether an MRI is appropriate for a patient?</p>

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1 A I'm not sure that I would use the term
2 "gatekeeper," but they have, certainly, more
3 training to know whether the test is
4 appropriate or not.
5 Q Okay. You were asked a number of questions
6 about whether you had ever discussed the
7 unavailability, as you described, of MRIs
8 here with either administration or other
9 physicians, and I want to ask you about
10 that. First of all, to use the term
11 "unavailability," it has different meanings
12 in my mind, so I want to clarify that. An
13 MRI machine is present here in the hospital.
14 Correct?
15 A Yes.
16 Q And MRIs can be physically performed here in
17 the hospital. Correct?
18 A Correct.
19 Q So, another way of saying "unavailability,"
20 as you've been describing it, of saying is
21 it's not normally ordered through the ER?
22 An MRI is not normally ordered through the
23 ER?
24 A I have not ever ordered an MRI from the
25 emergency room.

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1 Q That you recall?
2 A I have not ever ordered an MRI other than on
3 an in-patient.
4 Q Even though this computer sheet shows that
5 it was ordered for --
6 MR. WOODARD:
7 Object to form. He's stated he
8 thinks that was an in-patient.
9 Q I think you said you suspect it was an
10 in-patient.
11 A It's not possible for me to order an MRI
12 from the emergency room; so if this shows up
13 under my name, chances are that was an MRI
14 written on admission orders. And I write
15 for those every day.
16 Q For a patient that is going to be admitted.
17 A For a patient who's going to be admitted.
18 Q Right. And when you write the admission
19 orders under those circumstances, is that an
20 order that you, yourself, are generating,
21 for lack of a better way to describe it, or
22 is that an order that comes from another
23 physician?
24 A I think technically it's from another
25 physician because we don't have admitting

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1 privileges to the hospital. As sort of part
2 of the customary procedure, we write what
3 we'll call "bridge orders" to get the
4 patient admitted to the hospital. The order
5 technically comes from me, but it's on
6 behalf of the admitting physician.
7 Q Okay. It happens, though, sometimes that
8 you don't actually talk to the admitting
9 physician when you're writing the bridge
10 orders, right? You have sort of a standard
11 protocol for ordering sets of tests for
12 specific kinds of patients, right?
13 A Yes, but we always discuss admissions with
14 the admitting physician.
15 Q Okay.
16 A But yes, there's a typical work up for a
17 heart patient or a --
18 Q But you don't necessarily have to talk to
19 the admitting physician to know what that
20 is. Correct?
21 A Correct.
22 Q Now, getting back to the questions about
23 discussions, have you ever discussed this
24 unavailability, as you've described it, of
25 the MRIs through the emergency room with

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1 other physicians here?
2 A Not that I recall.
3 Q Because, again, in your experience, it's not
4 that unusual, right?
5 A Correct.
6 Q And I'm not sure you were asked this
7 specific question, so I want to ask it:
8 You've never had any discussion with anyone
9 in hospital administration about
10 unavailability of MRIs through the ER as you
11 have described it in this testimony today?
12 A I have not.
13 Q And I think we know the answer to this
14 question but, just to be sure, to get ready
15 for this deposition today, you didn't review
16 any physical documents. Correct?
17 A I did not.
18 MR. BLANKENSHIP:
19 Thank you, Dr. Calvert.
20 MR. WOODARD:
21 I've got a few follow-ups.
22 WITNESS:
23 Okay.
24 MR. WOODARD:
25 This sheet, what do you want to mark

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<p style="text-align: right;">Page 74</p> <p>1 this, Mr. Blankenship?</p> <p>2 MR. BLANKENSHIP:</p> <p>3 Your last number was ten, I believe,</p> <p>4 so we can make it eleven.</p> <p>5 COURT REPORTER:</p> <p>6 The last number was twelve.</p> <p>7 MR. BLANKENSHIP:</p> <p>8 Twelve? Let's make it "13."</p> <p>9 REEXAMINATION</p> <p>10 BY MR. WOODARD:</p> <p>11 Q Okay. This sheet right here, Doctor,</p> <p>12 there's nothing showing what time any of</p> <p>13 these MRIs were ordered. Correct?</p> <p>14 A I don't believe so.</p> <p>15 Q There's nothing showing what time any of</p> <p>16 these MRIs were conducted. Correct?</p> <p>17 A Correct.</p> <p>18 Q So, if you're looking at this sheet,</p> <p>19 Exhibit 13, there could have been a</p> <p>20 five-minute delay between the order and the</p> <p>21 MRI or there could have been a five-day</p> <p>22 delay for all you know. There is no</p> <p>23 telling.</p> <p>24 A Correct.</p> <p>25 Q There's nothing on Exhibit 13 that shows</p>	<p style="text-align: right;">Page 76</p> <p>1 A There is a thoracic spine MRI on it.</p> <p>2 Q Okay. And then, several other areas, the</p> <p>3 cervical and the lumbar. Correct?</p> <p>4 A Correct.</p> <p>5 Q And so, that would suggest that at least the</p> <p>6 brain and the spine are areas where you may</p> <p>7 need an MRI on certain occasions?</p> <p>8 MS. HOSKINS:</p> <p>9 Object to the form.</p> <p>10 MR. BLANKENSHIP:</p> <p>11 Same objection.</p> <p>12 A Correct.</p> <p>13 Q An MRI is a diagnostic screening</p> <p>14 examination. Correct?</p> <p>15 A I don't know about a "screening"</p> <p>16 examination. It's a diagnostic examination.</p> <p>17 Q Diagnostic.</p> <p>18 A You don't use them to screen for anything</p> <p>19 that I'm aware of.</p> <p>20 Q I said "screening." Diagnostic imaging</p> <p>21 examination?</p> <p>22 A Correct.</p> <p>23 Q And when we were talking about</p> <p>24 unavailability, it's physically available at</p> <p>25 Northern Louisiana Medical Center. Correct?</p>
<p style="text-align: right;">Page 75</p> <p>1 whether these MRIs required precertification</p> <p>2 or did not require precertification.</p> <p>3 Correct?</p> <p>4 A Correct.</p> <p>5 Q And of these few MRIs that purportedly come</p> <p>6 from the ER in Exhibit 13, it looks like at</p> <p>7 least seven of them dealt with the spine.</p> <p>8 Correct?</p> <p>9 A Correct.</p> <p>10 Q And you understand that the MRI that</p> <p>11 Dr. Taylor wanted in this case addressed the</p> <p>12 thumb area of the spine?</p> <p>13 MS. HOSKINS:</p> <p>14 Object to the form.</p> <p>15 A Lumbar?</p> <p>16 Q "Thumb." Thoracic.</p> <p>17 A Thoracic.</p> <p>18 Q Hey, that's that new area that I invented</p> <p>19 between thoracic and lumbar.</p> <p>20 A I'm not sure what he ordered. I honestly</p> <p>21 don't have any knowledge.</p> <p>22 Q Assume that he wanted the thoracic area of</p> <p>23 the spine to be examined. That would be</p> <p>24 consistent with the few MRIs that exist on</p> <p>25 Exhibit 13. Correct?</p>	<p style="text-align: right;">Page 77</p> <p>1 A There is a machine here.</p> <p>2 Q There is a machine here and it's relatively</p> <p>3 close to the emergency department. Correct?</p> <p>4 A I'm not aware of it's location.</p> <p>5 Q You would not be in a position to dispute or</p> <p>6 argue with Dr. Taylor whenever he describes</p> <p>7 where the MRI machine is located?</p> <p>8 A I would not.</p> <p>9 Q And so, while it's physically available, for</p> <p>10 all practical respects, it's not available</p> <p>11 to you in the emergency department.</p> <p>12 Correct?</p> <p>13 MR. BLANKENSHIP:</p> <p>14 Object to the form.</p> <p>15 A Correct.</p> <p>16 Q And that's because, due to an administrative</p> <p>17 business decision, you are not available to</p> <p>18 press a button and order an MRI from the</p> <p>19 emergency department?</p> <p>20 MS. HOSKINS:</p> <p>21 Object to the form.</p> <p>22 MR. BLANKENSHIP:</p> <p>23 Object to the form.</p> <p>24 A I'm not sure where the decision came from.</p> <p>25 I just know it's not available.</p>

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<p style="text-align: right;">Page 78</p> <p>1 Q It didn't come from the doctors. Correct?</p> <p>2 A Correct.</p> <p>3 Q Who orders the software?</p> <p>4 A I assume administration.</p> <p>5 Q And so, if the software is ordered by</p> <p>6 administration and the software doesn't have</p> <p>7 a button that allows you to order an MRI, it</p> <p>8 would be safe to say that administration has</p> <p>9 made the decision to not allow emergency</p> <p>10 room doctors to order an MRI?</p> <p>11 MR. BLANKENSHIP:</p> <p>12 Object to the form.</p> <p>13 A Again, I'm not sure who made the decision</p> <p>14 not to include it.</p> <p>15 Q You've seen no evidence based on the</p> <p>16 software ordered by the administration that</p> <p>17 they want to allow you to be able to order</p> <p>18 an MRI from the emergency room?</p> <p>19 MR. BLANKENSHIP:</p> <p>20 Object to the form.</p> <p>21 A Correct.</p> <p>22 Q We talked about the delay in an MRI, fifteen</p> <p>23 to thirty minutes, typically?</p> <p>24 A That's how long it takes to perform the</p> <p>25 actual MRI.</p>	<p style="text-align: right;">Page 80</p> <p>1 A Yes.</p> <p>2 Q And would it keep you up at night knowing</p> <p>3 that that policy has now left a teenage girl</p> <p>4 paralyzed for the rest of her life?</p> <p>5 MS. HOSKINS:</p> <p>6 Object to the form.</p> <p>7 MR. BLANKENSHIP:</p> <p>8 Object to the form.</p> <p>9 A Yes.</p> <p>10 Q You have a daughter yourself. Correct?</p> <p>11 A I do.</p> <p>12 Q That would be very troubling to you?</p> <p>13 A Yes.</p> <p>14 MR. WOODARD:</p> <p>15 No further questions.</p> <p>16 (WITNESS ELECTED TO READ AND SIGN.)</p> <p>17 DEPOSITION CONCLUDED AT 9:30 A.M.</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 79</p> <p>1 Q Okay. That would, of course, be a shorter</p> <p>2 time frame than several hours. Correct?</p> <p>3 A Correct.</p> <p>4 Q And so, even if it's not the fastest test</p> <p>5 available, if under certain circumstances</p> <p>6 it's the best test available, that would be</p> <p>7 better than having a patient sit around and</p> <p>8 wait seven hours.</p> <p>9 MS. HOSKINS:</p> <p>10 Object to the form.</p> <p>11 MR. BLANKENSHIP:</p> <p>12 Same objection.</p> <p>13 A Correct.</p> <p>14 Q Especially a patient with progressing</p> <p>15 neurological defects.</p> <p>16 A Correct.</p> <p>17 Q Would it be very frustrating for you as a</p> <p>18 physician if you were presented with a</p> <p>19 patient who you thought, in your medical</p> <p>20 judgment, using your training, your</p> <p>21 expertise required an MRI and, because of</p> <p>22 hospital policies and procedures, you were</p> <p>23 not able to get an MRI?</p> <p>24 MR. BLANKENSHIP:</p> <p>25 Object to the form.</p>	<p style="text-align: right;">Page 81</p> <p>1 REPORTER'S PAGE</p> <p>2 I, LINDA PEROT, Certified Court Reporter</p> <p>3 No. 23012, in and for the State of Louisiana,</p> <p>4 the officer, as defined in Rule 28 of the</p> <p>5 Federal Rules of Civil Procedure and/or Article</p> <p>6 1434(B) of the Louisiana Code of Civil</p> <p>7 Procedure, before whom this proceeding was</p> <p>8 taken, do hereby state on the Record:</p> <p>9</p> <p>10 That due to the interaction in the</p> <p>11 spontaneous discourse of this proceeding, dashes</p> <p>12 (--) have been used to indicate pauses, changes</p> <p>13 in thought, and/or talkovers; that same is the</p> <p>14 proper method for a Court Reporter's</p> <p>15 transcription of proceeding, and that the dashes</p> <p>16 (--) do not indicate that words or phrases have</p> <p>17 been left out of this transcript;</p> <p>18</p> <p>19 That any words and/or names which could</p> <p>20 not be verified through reference material have</p> <p>21 been denoted with the phrase "(spelled</p> <p>22 phonetically)."</p> <p>23</p> <p>24</p> <p>25 LINDA PEROT, CCR No. 23012</p>

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CERTIFICATE

This certification is valid only for a transcript accompanied by my original signature And required official seal stamped on this certificate.

I, LINDA PEROT, Certified Court Reporter, Certificate No. 23012, as the officer before whom this testimony was taken, do hereby certify that EDWARD CALVERT, M.D., after having been duly sworn by me upon authority of R.S. 37:2554, did appear on the 27th day of July, 2016, commencing at 8:06 a.m., and concluding at 9:30 a.m., as hereinbefore set forth in the foregoing 81 pages; that this testimony was reported by me in the stenomask reporting method, was prepared and transcribed by me or under my personal direction and supervision, and is true and correct to the best of my ability and understanding; that the transcript has been prepared in compliance with the transcript format guidelines required by statute and rules of the Board; that I am informed about the complete arrangement, financial or otherwise, with the person or entity making arrangements for deposition services; that I have acted in

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compliance with the prohibition on contractual relationships, as defined by Louisiana Code of Civil Procedure Article 1434 and rules and advisory opinions of the Board; that I have no actual knowledge of any prohibited employment or contractual relationship, direct or indirect, between a court reporting firm and any party litigant in this matter, nor is there any such relationship between myself and a party litigant in this matter; that I am not related to counsel or to any of the parties hereto, I am in no manner associated with counsel for any of the interested parties to this litigation, and I am in no way concerned with the outcome thereof.

West Monroe, Louisiana, on this the 18th day of October, 2016.

LINDA PEROT
CERTIFIED COURT REPORTER
CERTIFICATE NO. 23012
STATE OF LOUISIANA

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acourtreporter2@gmail.com

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